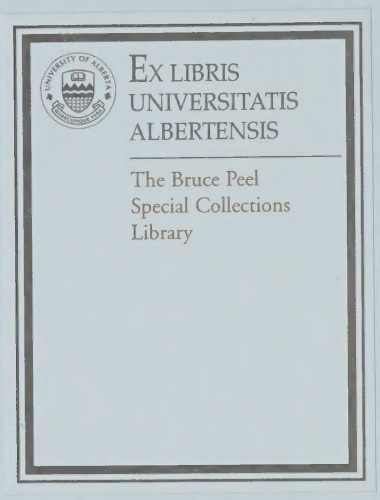
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Degree: Master of Education

Year this Degree Granted: 2003

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Becoming Suicidal: A Grounded Theory Investigation of Female Adolescent Attachment Relationships

by

Katherine Evelyn Bostik

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Master of Education

in

Counselling Psychology

Department of Educational Psychology

Edmonton, Alberta

Fall 2003

University of Alberta

Faculty of Graduate Studies and Research

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled *Becoming Suicidal: A Grounded Theory Investigation of Female Adolescent Attachment Relationships* submitted by Katherine Evelyn Bostik in partial fulfillment of the requirements for the degree of Master of Education in Counselling Psychology.

Dedication

Human beings do not live forever. We live less than the time it takes to blink an eye, if we measure our lives against eternity. So it may be asked what value is there to a human life. There is so much pain in the world. What does it mean to have to suffer so much if our lives are nothing more than the blink of an eye?... I learned a long time ago, that a blink of an eye in itself is nothing. But the eye that blinks, *that* is something. A span of life is nothing. But the man who lives the span, *he* is something. He can fill that tiny span with meaning, so its quality is immeasurable though its quantity may be insignificant.... A man must fill his life with meaning, meaning is not automatically given to life. It is hard work to fill one's life with meaning.

In *The Chosen* by Chaim Potok

To my parents, who have always encouraged me to fill my life with meaning. Thank you for all you have done for me. For your love, guidance and support I am forever grateful.

Abstract

Little research has examined adolescent suicidality in relation to current and past attachment relationships with parents and peers. Eleven adolescents and young adults who were previously suicidal between the ages of 13 and 19 were interviewed about their experience with suicidal behavior and their familial and interpersonal relationship histories. Qualitative data was analyzed using the grounded theory approach with the purpose of increased understanding of the role of attachment relationships in participants' experiences of becoming suicidal. Participants described experiences of difficult relationships with parents characterized by conflict and tension, unavailability, difficult communication, lack of emotional connection and support. Difficulties with parents were paralleled in interpersonal problems with peers. Within the context of continual interpersonal difficulties, participants experienced alienation, rejection, low self-worth, isolation and withdrawal despite a strong desire for intimacy and closeness. An integration with the attachment literature supports the conclusion that attachment relationships play an important role in adolescent suicidality.

Acknowledgements

I would like to express my sincere appreciation to Dr. Robin Everall, my thesis supervisor, for her time, support, guidance and faith in my abilities. I would also like to acknowledge my other committee members, Dr. Bill Whelton and Dr. Joyce Bainbridge, for their comments and participation.

Special thanks are extended to the participants of this study, for their time and openness in sharing their stories. Without them this work would not have been possible.

I would like to acknowledge the encouragement and friendship I received from my classmates, Lynne Kostiuk, Tula Paul, Regina Price, Cathy Robinson and Jennifer Thomson, throughout the past two years.

I would like to express my gratitude to Jason Murray, for his support and guidance with this project as well as his excellent interview skills.

Finally, I would like to extend very special recognition to my fiancée, Paul, for his love, unfailing support, understanding and continuing patience. I look forward to our journey together.

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Chapter One

Introduction

We are born into a social world. Throughout our lives we are continually involved in relationships with others. The relationships we form with our parents, family, peers, friends and significant others build the foundation of our support system and provide us with a sense of belonging, closeness and connection. Relationships sustain, enhance and ultimately give meaning to our existence.

As infants, we depend physically and emotionally on our caregivers. During childhood, we learn to interact with others and begin to understand social rules and norms. Moving through adolescence, we explore romantic relationships and seek to find our place in the adult world. Achieving adulthood, we take on the responsibility to care for and support others. While our interpersonal interactions change as we develop across the lifespan, it is during the period of adolescence that we tend to be most confused about the nature of our relationships (Allen & Land, 1999). At this time we have mixed feelings about maintaining nurturing relationships with our parents while the desire for independence and closeness with our peer group increases. Teens are often conflicted about their need to form new relationships and develop a sense of belonging while at the same time benefiting from the safety and security of close relationships with parents. It is also during this developmental period that many teens struggle with feelings of alienation, personal distress and emotional difficulties. In dealing with peer pressure and the desire to be an adult, many teens experience bouts of depression and often develop suicidal thoughts, feelings and behaviors.

During my master's research, I was presented with the opportunity to interview adolescents and young adults who had recently overcome being suicidal. Throughout the interview process, I was surprised at how often these individuals indicated that their relationships at home and at school played a central role in their becoming suicidal. In particular, they often spoke of how important it was to feel connected to others and how they felt disconnected from

those around them. For many, difficulties with peers during adolescence followed a history of difficult parent-child relationships. Having studied the basics of attachment theory in my graduate coursework, difficulties in attachment bonding appeared to correspond with what these adolescents were describing. Although considerable research attention has focused on the role of social support and the family system on adolescent suicidality, limited research exists in relation to attachment. In this way, I began a qualitative investigation of adolescents' perceptions of attachment experiences and the role they play in becoming suicidal.

This thesis represents a small portion of a greater study conducted by Drs. Robin D. Everall and Barbara L. Paulson from the Department of Educational Psychology at the University of Alberta. The purpose of that investigation was to gather information about adolescents' and young adults' understanding of becoming suicidal and overcoming suicidal thoughts, feelings and behaviors. My role in that research project which became a part of this thesis included screening and interviewing of participants and analysis of data. While the interview data for this study was collected by several members of a research team that included myself, the principal researchers, and four doctoral level students, the work involved in conceptualization of the problem, development of the research questions, selection of the research method, analysis of the data and writing of this thesis was solely my own.

Importance of the Study

According to attachment theory (Bowlby, 1969, 1982), the bond that develops as a result of an individual's early interactions with caregivers has a strong influence on later psychosocial, emotional and cognitive functioning. Individuals' early attachment experiences create an internal working model that pervades many aspects of their relationships with others across their lifespan. During adolescence, attachment strategies become increasingly representational and parent-child attachments are transferred to relationships with peers, who

become increasingly important sources of support, intimacy, feedback, social influence and lifelong partnerships. Also at this time, the attachment system assists in meeting developmental challenges such as defining an identity and gaining autonomy. A background of secure attachment allows adolescents the freedom to explore because of the knowledge that parents remain available as attachment figures when truly needed. Due to the strong influence it exerts on successful development, the adolescent's experience of secure attachment relationships during this time period is critical.

Youth suicide is a social and personal tragedy that affects our families, schools and communities. According to recent reports, Canadian adolescent suicide rates have quadrupled over the past three decades (Health & Welfare Canada, 1994). This dramatic rise in the rate of adolescent suicide, along with the even greater increase in suicide attempts, ideation and behavior, suggest this to be an area of significant societal concern and supports the need for greater understanding. During the past few decades, researchers have examined biological, sociological and psychological factors as possible determinants of suicidal behavior in adolescents. However, very few studies have examined the risk of suicide during adolescence from a developmental framework, relating suicidality to current and past attachment relationships with parents and peers (de Jong, 1992).

Despite the high rate of adolescent suicide and the research conducted in this field, little is known about the impact of attachment relationships on the experience of being suicidal. In seeking to improve our understanding of the phenomena of adolescent suicide it is vital to develop a better picture of the importance of attachment relationships in a teen's experience of becoming suicidal. Understanding the role of attachment in adolescent suicide may allow for a more complete theoretical and clinical conceptualization of suicidal behavior. The development of a model through increased attention to attachment theory is useful for organizing what is known about suicidal behavior and may serve as a heuristic for advancement of the field in the area of research and practice. Results of this research may also contribute towards significant practical

implications for helping the medical community and teaching profession work with suicidal teens.

Purpose of the Study

The purpose of this investigation was to examine how adolescents who have overcome suicidal thoughts, feelings and behaviors perceive the role of parental and peer attachment relationships in the process of becoming suicidal. To address the deficiencies in the literature, a qualitative research design was conducted with the intent of increasing our understanding of the suicidal mind and the experiences of adolescent suicide attempters. Individuals were solicited to participate in this study based on their personal experiences with the phenomenon of suicide. This study aimed to identify common themes in answer to the questions: How do adolescents who were suicidal view their attachment relationships? What influence do they attribute to attachment relationships on their suicidality?

Methodological Framework

Despite decades of research into adolescent suicide, few investigations have contributed to significantly increasing our understanding of the phenomenon, reducing overall suicide rates or improving predictive efficacy (Rogers, 2001). In response, recent research methods in suicidology have moved beyond the traditional objective position to include a phenomenological approach that recognizes the importance, complexity and depth of people's experiences.

In order to obtain a deeper understanding of adolescent suicide, a qualitative grounded theory approach (Glaser, 1978; Glaser & Strauss, 1967) was chosen for this study. In this qualitative approach, data is inductively analyzed and a theory emerges from themes grounded in the data. Through an inductive examination of data, grounded theory aims to both describe and explain subject areas that may be difficult to access using traditional research methods.

Grounded theory is well suited for reflecting the realities of an individual's experience of becoming suicidal because the theory emerges from analyzing words articulated by participants. With this method the objective was to create a theory that was intimately connected to the reality of those individuals who participated.

Definition of Terms

While differences in terminology exist, terms were used within the context of this thesis as follows.

Suicidality describes the cognitive or behavioral characteristics that result from suicidal ideation or behavior. **Suicidal ideation** involves any thoughts about self-destructive behavior whether or not the intent is death. These thoughts can range from vague ideas about possibly ending one's life to concrete plans to commit suicide. **Suicidal behavior** encompasses a wide variety of self-destructive behaviors that have fatal or non-fatal outcomes. The term **suicide** refers to an intentional act of self-injury that results in death while **attempted suicide** includes attempts at self-harm that have non-fatal consequences (van Heeringen, 2001).

Attachment refers to the close emotional relationship between two people characterized by mutual affection and connection. The individual seeks security and comfort in the relationship, has a desire to maintain proximity or contact with another individual and feels distress at involuntary separation. A **secure attachment bond** is developed in response to nurturing, responsive and dedicated care giving. Those who are securely attached appear sure that others are available, responsive and helpful should they encounter adverse or frightening situations. With this assurance, these individuals explore the world confidently and effectively. They are comfortable with intimacy and are willing to depend on others for support and love. An **insecure attachment bond** is developed in those who receive inconsistent care, are neglected or are otherwise maltreated. Those with insecure attachment are untrusting of others and have

difficulty with relationships. They are uncomfortable with intimacy and interdependence and have concerns about feeling rejected and unloved (Collins, Cooper, Albino, & Allard, 2002).

Overview of the Thesis

The chapters of this thesis are organized as follows:

Chapter Two, **Review of the Literature**, presents a review of attachment theory with emphasis on the application of attachment theory to adolescence. A brief discussion of the literature on adolescent suicidality is also presented with a more detailed account of suicide and research into the area of family and peer relationships.

Chapter Three, **Methodology**, is a description of the grounded theory approach and the rationale for its use. Procedures for sampling, interviewing, data analysis and ensuring reliability and validity are also discussed as are the major limitations of the method.

Chapter Four, **Results**, presents the analysis of the data and the themes that emerged from the interviews. Excerpts from the interviews are incorporated to illustrate the themes involved.

Chapter Five, **Discussion**, reviews the theory that resulted from integration of the data and discusses its fit with existing literature in the area. Limitations of the study as well as implications for the treatment of suicidal adolescents and future research in the area are also presented.

Chapter Two

Literature Review

Review of Attachment Literature

Attachment Theory

Attachment has been defined as an enduring bond that is a genetically determined and evolutionarily significant fundamental human need (Bowlby, 1969, 1982). It is the extent that infants are able to elicit nurturing response from their caregivers by crying, smiling, or clinging. Siegel (1999) described attachment as an evolving inborn system within the brain that organizes emotional, motivational and memory process in relation to significant caregivers. Through the attachment process, survival of the individual and the species is greatly enhanced. Levy and Orlans (1998) have broadened the traditional definition of attachment by suggesting that the bond established between the child and caregiver in the early years of life greatly affects every element of the human condition including the physical, emotional, cognitive, interpersonal and moral aspects of the individual. They believe that attachment is created in an ongoing, reciprocal relationship between the caregiver and the child. Allen and Land (1999) further determined that the bond between children and their caregivers extends further into the surroundings to include a variety of interpersonal relationships and the greater community. While beginning with attachment to the primary caregiver, the attachment system gradually expands to influence all areas of the individual and their connections with others.

Initially drawing on elements from evolutionary biology, developmental psychology and control systems theory, Bowlby (1969, 1973) argued that a warm, stable relationship with a caregiver facilitated psychological well being throughout the lifespan. According to his attachment theory, biological mechanisms set the foundation for the physical and emotional union of an infant

and its caregiver, thereby allowing the child to grow and safely develop during its most vulnerable years. As children are compelled to seek proximity to their primary caregivers when they feel threatened, parental responsiveness and accessibility guides their development and sense of security. In this way, repeated experiences are encoded into memory as expectations that develop into the child's model of attachment (Siegel, 1999).

Bowlby believed that children form an internal representation of themselves in relationship with their parents, enabling them to become increasingly independent and to develop an internal sense of the world. As infants interact with the larger environment, attachment foundations extend beyond the infant-mother relationship and further influence psychosocial, emotional and cognitive dimensions of a developing child. In collaboration with Mary Ainsworth (1967, 1973), Bowlby proposed that the sense of security derived from infant-mother attachment had significant long-term implications for later intimate relationships, self-understanding, and the development of psychopathology.

Ainsworth, Blehar, Waters, and Wall (1978) classified individual differences in infant behavior in a structured series of separation and reunion experiences known as the Strange Situation paradigm. On reunion following separation from their caregiver, infants with secure attachments sought pleasurable comforting and contact with their caregiver; infants with insecure avoidant attachment were indifferent to or ignored their caregiver; insecure ambivalent infants requested contact with their caregiver and resisted it when it was offered; and insecure disorganized infants did not possess a coherent strategy for responding to separation or reunion. These four main patterns of attachment organization have been associated with maternal behavior in the home. While secure attachment bonds are formed in response to the continued presence of an emotionally available and responsive caregiver, insecure attachment bonds have been found to result from unresponsive, interfering, rejecting or otherwise insensitive parenting.

While grounded in relationships formed in infancy, attachment continues to influence development across childhood, adolescence, and later life (Bowlby, 1969, 1973). While the family unit initially serves as the primary focus of an individual's attachment strategies, a community of extended family, peers, teachers, other adults and intimate relations also becomes included. These attachment relationships are commonly thought to be reciprocally created and ongoing in nature.

Studies have shown that the patterning or organization of attachment relationships during infancy is associated with a variety of processes including emotional regulation, social relatedness, access to autobiographical memory and the development of self-reflection and narrative (Main, 1995). Attachment relationships are thus crucial in organizing not only ongoing experience, but also the neuronal growth of the developing brain. These salient emotional relationships have a direct effect on the development of mental functioning and may serve to create the central foundation from which the mind develops (Siegel, 1999).

According to the continuity of adaptive functioning argument (Bowlby, 1969,1973), how children's relationships with their primary caregivers regulate early fears and anxieties deeply impact later psychosocial, emotional and cognitive functioning. Researchers believe that children provided with consistent nurturance, attention and support by their primary attachment figures during their early years are more likely to exhibit adaptive functioning across their life span than children with unresponsive or unpredictable primary attachment figures (Bowlby, 1977). Children with caregivers who are responsive, attentive, consistent and trustworthy are more likely to adapt better to their environment and learn to rely on themselves and others in future times of need. However, those children with caregivers who are insensitive, inaccessible or inconsistently rejecting are more likely to minimize their involvement in attachment relationships as they mature, potentially leading to greater maladaptive functioning in the future. Insecure attachment may serve as a significant risk factor in the development of psychopathology. Secure attachment in contrast, appears to

confer a form of emotional resilience. In this way, the attachment truths learned by children in early interactions with their primary caregivers allow for the formation of an internal working model that has a pervasive influence on the development of relationships with others during the lifespan.

The concept of an "internal working model" suggests that an individual's early experiences of care create expansive representations about a caregiver's accessibility and responsiveness as well as personal beliefs about one's deservingness of such care. The expectations developed not only allow a child to predict a current caregiver's responsiveness, they also guide future outlook, choices and behaviors toward others. Internal working models are unconscious filters through which relationships and other social experiences are interpreted and self-understanding is created throughout the life span. They provide implicit rules for relating to others that are self-perpetuating because confirmatory biases are inherent in an individual's worldview and because they cause individuals to elicit responses that are consistent with their relational expectations. Bowlby (1969, 1973) believed that based on implicit rules in their relational models, individuals with secure working models of relationships behave in a positive, open manner that elicits support while looking for and expecting supportive, satisfying encounters with others in return. In contrast, individuals with insecure working models based on distrust or uncertainty anticipate less support from others and instead deter the supportive care which would be of benefit. Once working models are developed, they are brought into new relationships where they shape social perceptions, emotional regulation and interpersonal behavior (Collins & Allard, 2001).

Continuity of Attachment Across the Lifespan

Developmental links have been made between infant attachment status and attachment status during adolescence and adulthood. Many attachment theorists believe that the type of attachment bond formed during infancy and childhood is stable into adolescence and adulthood (Ainsworth, 1991; Grossman

& Grossman, 1991). Although these beliefs are largely assumptions, systematic studies have been conducted to investigate the long-term effects of early attachment. For example, evidence suggests that the quality of attachment is stable to age six (Watner, Grosman, Fremmer-Bombik, & Suess, 1994), to age ten (Grossman & Grossman, 1991) and through midadolescence (Urban, Carlson, Egeland, & Sroufe, 1991).

The Adult Attachment Interview (AAI), developed by Main, Kaplan, and Cassidy (1985), bridges Ainsworth's (1973) infant and child attachment assessment measures with adolescent and adult attachment assessment methods. In this interview, an individual's responses reflect their current impressions of earlier attachment experiences and attachment status is determined through an analysis of narrative descriptions. Adolescents and adults are usually differentiated into four major categories: secure-autonomous, insecure-dismissing, insecure-preoccupied, and insecure-unresolved/ disorganized. Using the AAI, researchers have found dismissing, secure-autonomous, and preoccupied adult categories to be remarkably stable (Bakermans-Kranenburg & van Ijzendoorn, 1993; Benoit & Parker, 1994).

The continuity of attachment from infancy to late adolescence has been investigated in several longitudinal studies. In an examination of the Adult Attachment Interview responses of 17-year-olds, Hamilton (as cited in Ammaniti, van Ijzendoorn, Speranza, & Tambelli, 2000) found that 77% retained their infant attachment status with respect to the secure/insecure distinction. In a similar study involving 21-year-olds, Waters, Merrick, Treboux, Crowell, and Albersheim (as cited in Ammaniti et al., 2000) found the stability of attachment was 70%. While other longitudinal investigations have shown less stability (Grossmann, Grossman, & Zimmermann, 1999), it is unclear as to whether this result is attributable to the use of non-standard attachment assessment techniques or to environmental discontinuity.

In a more recent study, Ammaniti et al., (2000) investigated whether the transition from late childhood to early adolescence influenced attachment organization. In this study, participants were interviewed and assessed for

attachment security at 10 and 14 years of age. They determined attachment classifications across the four-year period to be stable in 74% of cases. Overall, participants showed more dismissing strategies and reported more rejection from their parents following the four years. The researchers suggested that the activation of a dismissing defense mechanism might be necessary to maintain distance between themselves and their parental figures in order to achieve a more definite personal identity.

In assessing stability of adult attachment, Kirkpatrick and Hazan (1994) conducted a longitudinal study of attachment styles over a four year period. They found that 70% of respondents reported the same attachment style at a time four years following the initial assessment. Secure adults were more likely than insecure adults to maintain the same attachment style. Attachment stability also proved to be moderated by the breakup or onset of relationships.

Continuity in attachment organization has also been found to exist across generations. Studies using retrospective, cross-sectional and prospective designs have found high concordance rates in parental and child attachment organizations (Benoit & Parker, 1994; Ward & Carlson, 1995). For example, the AAI was found to predict how a parent's infant would be classified with 70-80% accuracy (Fonagy, Steele, Leigh, Kennedy, Matoon, & Target, 1995; Main, 1995). This strong intergenerational concordance suggests that parents may respond to their infant's needs and behavior based on their past experiences with their own primary caregivers. Therefore, parents' behavior is directed by internal working models which determine the quality of their relationships with their children.

Attachment in Adolescence

Adolescence is a developmental transition period during which there are profound transformations in emotional, cognitive, and behavioral systems. During this time, the adolescent evolves from one who receives care from parents to one who has the ability to serve as a caregiver for others. Not only does attachment

become increasingly representational, parent-child caregiving attachments are relinquished as new affectional ties to peers are formed. During adolescence, attachment needs are gradually transferred from parents to relationships with peers who become increasingly important sources of support, intimacy, feedback, social influence and lifelong partnerships. Bonds with peers will eventually become the basis for future reciprocal attachments during adulthood. Adolescence continues a developmental process in which interaction with caregivers from birth forms an individual's mind and shapes their behaviors in ways that are either adaptive or maladaptive in preparing them for independent life (Allen & Land, 1999).

During adolescence, individuals attempt to develop new extra-familial support systems, while at the same time hoping to maintain their parent-child bond that allows them to seek parental comfort and support during times of distress (Weiss, 1982). Although the development of an autonomous self is a key task during this time period, researchers are increasingly seeing that adolescent autonomy is established with less difficulty in an environment of secure and enduring relationships and not at the expense of attachment relationships with parents (Allen & Hauser, 1996). Thus, the attachment system appears to play a vital role in helping adolescents through this developmentally challenging time of life.

Adolescent autonomy-seeking behavior is part of an exploratory system which may serve to minimize the power of the attachment relationship with parents thereby freeing the adolescent to explore living without being emotionally dependent on his or her parent. Without independent exploration it would be difficult for teens to accomplish many of the major tasks of social development such as establishing long-term romantic relationships and engaging in productive careers. Therefore, with a background of secure attachment, adolescents are able to explore the possibility of living independently from parents because of the knowledge that their caregivers remain available as attachment figures if truly needed (Allen & Land, 1999). Research findings support this argument and show that adolescent autonomy-seeking behavior is highly correlated with evidence of

an underlying positive relationship with parents (Allen, Hauser, Bell, & O'Connor, 1994). Due to the strong influence it holds on the success or failure of this adaptation, it is at this important juncture that the adolescent's representational model of attachment is critical.

Adolescent Attachment and Interpersonal Functioning

Although attachment processes appear to follow certain predictable patterns for all adolescents, those with secure attachment relationships seem to have fewer interpersonal difficulties in comparison to insecurely attached peers. One area where differences have been observed is in the process of balancing autonomy and attachment needs which appears much smoother for families with secure adolescents (Allen & Land, 1999). A possible explanation for this difference is that secure adolescents have greater confidence that their relationships will remain intact and functional in spite of disagreements. For example, in learning to resolve differences of opinion, adolescents with secure attachments more often engage in productive, problem solving discussions that balance attempts to gain autonomy with efforts to preserve satisfying relationships with parents, while insecure adolescents-parent dyads display greater avoidance of problem solving, lower levels of adolescent confidence in interactions, and higher levels of disengagement, dysfunctional anger, and use of pressuring tactics (Allen & Hauser, 1996; Kobak, Cole, Ferenz-Gillies, Fleming, & Gamble, 1993).

Although interactions in families of insecure adolescents are likely difficult, often they are problematic during adolescence when an individual's strivings for autonomy create tension and conflict that require sensitivity in the adolescent-parent relationship (Allen, Kuperminc, & Moore, 1997). The moodiness, changing relationships, strain and growing emotional and behavioral independence that characterize adolescent development combine to create a state of chronic activation of the attachment system increasing the impact of an insecure parental relationship on the adolescent (Allen & Land, 1999). Troubled adolescents and

their families have difficulty in developing a parent-teen relationship consisting of equality and mutual respect among family members (Youniss, 1983). Goldsmith, Fyer and Frances (1990) determined that teens who experienced their parents as insensitive and unavailable were at an increased likelihood of having poor self-regard and of exhibiting greater aggression and hostility toward others. These adolescents also reported having more difficulty in perceiving themselves as valuable and worthy of parental support.

In addition to family relationships, research findings support associations between attachment security and quality of ongoing peer relationships. Allen, Moore, Kuperminc, and Bell (1998) found social acceptance by peers to be positively related to adolescent attachment security in a sample of academically at-risk adolescents. Similar research with high functioning late adolescents in college found consistent links between attachment security and higher-quality peer relationships (Kobak & Sceery, 1988). These finding support the hypothesis that the quality of an adolescent's model of attachment with respect to the primary attachment relationship may generalize to influence later relationships with peers (Allen & Land, 1999).

Bell, Cornwell, and Bell (1988) found that family relationship patterns are reflected in peer relationship patterns of adolescent girls. This study showed strong similarities between the degree of connectedness experienced by an adolescent girl in her family relationships and the degree of connectedness in her relationships with peers. In a study of early adolescents, Feldman and Wentzel (1990) determined that parental child-centeredness and social support from the family were positively related to the adolescent being liked by peers. As well, close relationships with parents have also been associated with perceived social competence and greater satisfaction in peer relationships among late adolescents (Bell, Avery, Jenkins, Feld, & Schoenrock, 1985).

Evidence from cross-sectional studies suggests that positive parent-adolescent relationships are associated with more intimate peer relationships and greater interpersonal competence. For example, Gold and Yanof (1985) found that more intimate relationships with friends were associated with higher

levels of affection between mothers and adolescent girls as well as with maternal democratic parenting styles. Similarly, Hauser, Powers, and Noam (1991) studied 14 to 15 year old adolescents and their parents over a three year period and found that adolescent ego development characterized in part by a greater capacity for supportive relationships, was positively associated with parental acceptance.

Adolescent Attachment and Psychological Functioning

During adolescence, insecure attachment likely affects psychological functioning via multiple pathways. An insecure individual expecting unavailability and rejection from others, may behave in ways that generate additional stress and therefore become more susceptible to psychological difficulties. Insecure attachment cognitions may also cause individuals to be particularly sensitive to interpersonal stressors and increase vulnerability to depression and other disorders (Hammen, Burge, Daley, Davila, Paley, & Rudolph, 1995). In addition, attachment organization may affect development and psychological functioning through an individual's mechanism of affect regulation. While for securely attached individuals, negative emotions serve communicative functions and result in comfort seeking behaviors, individuals with insecure attachments may either exaggerate their negative emotions in an attempt to elicit a response from attachment figures or may restrain their negative emotions to diminish the anxiety elicited by unresponsive attachment figures (Cassidy and Kobak, 1987).

A number of studies suggest the existence of substantial links between an adolescent's early attachment organization and their later psychological functioning. Kenny (1990) found that in comparison to insecurely attached adolescents, males and females with a history of secure attachment to parents were more assertive, more competent in dating and more mature in career planning. In a retrospective study of university students, Kobak and Sceery (1988) determined that those who had been securely attached to their primary caregiver during early childhood were less anxious and hostile and reported

more social support in comparison to insecurely attached peers. In addition, insecure attachments to parents have been related to emotional detachment and isolation in adolescents (Ryan and Lynch, 1989) and increased consumption of alcohol as a means of facilitating social contact (Kwakan, Zuiker, Schippers, & de Wuffel, 1988). Finally, in a large scale study of 12,118 American adolescents, parent-family connectedness and perceived school connectedness were protective factors against emotional distress, suicidal thoughts and behaviors, violence, cigarette use, alcohol use, marijuana use and age of first sexual experience (Resnik, et al., 1998).

Early insecure attachment has been suggested as a risk factor in the development of adolescent and adult psychopathology. Clear connections between infant attachment and adolescent psychopathology have been made between both disorganized attachment and dissociative symptoms (Carlson, 1998) and between resistant attachment and anxiety disorders (Warren, Huston, Egeland, & Sroufe, 1997). As well, associations between insecure attachment and affective disorders (Cole-Detke & Kobak, 1996; Rosenstein & Horowitz, 1996; Fonagy, et al., 1996), eating disorders (Cole-Detke & Kobak, 1996; Fonagy et al., 1996; Armstrong & Roth, 1989), substance abuse (Fonagy et al., 1996), borderline personality disorder (Fonagy et al., 1996) and antisocial personality disorder (Rosenstein & Horowitz, 1996; Fonagy et al., 1996) have been found. Links between adolescent suicide and insecure childhood attachment have also been shown empirically (de Jong, 1992).

Adolescent's perceived attachment relationships during adolescence have also been related to psychological functioning. Noom, Dekovic, and Meeus (1999) found that attachments to parents during adolescence was positively related to academic competence and self-esteem and negatively related to involvement in problem behaviors and feelings of depression. They also determine that attachment to peers was strongly related to social competence and increased engagement in problem behavior. Attachment to parents in adolescence has been associated with increased self-perceived competence (Papini & Roggman, 1992), and social competence (Kenny, 1994), while poor

attachment has been related to feelings of depression (Papini & Roggman, 1992). Low levels of perceived attachment to parents has been associated with greater problems of conduct, inattention, depression and the frequent experience of negative life events (Nada Raja, McGee, & Stanton, 1992). In addition, adolescents who reported secure and trusting relationships with parents and peers have displayed higher levels of psychological well-being, life satisfaction and self-esteem in comparison to less secure peers (Armsden & Greenberg, 1987). Overall, the accumulated research findings suggest that an insecure attachment organization during early childhood and/or adolescence may be an important factor influencing the risk of psychopathology as well as maladaptive coping and interpersonal functioning.

Summary of Attachment Literature

Attachment has been demonstrated to play an important role throughout the lifespan. As a result of early experiences with caregivers, internal working models are developed that guide our success and comfort with interpersonal relationships in later life. As individuals move into adolescence, attachment strategies with parents are transferred to relationships with peers, building the foundation for the individual to act as an attachment figure to others. Attachment during adolescence is an important factor in both successful adaptation and the risk of psychopathology during adolescence and later life. Accumulated research findings stress the importance of secure relationships with parents during childhood and adolescence in healthy psychological and interpersonal well-being.

Despite the recent increase in research into the area of attachment several limitations are important to note. Current attachment literature strongly emphasizes infant-mother relationships which, while important, fail to provide a complete picture of attachment relationships. Attachment with fathers, close relations, family friends, neighbors, peers and the greater community are also important and under researched. While attachment literature has been expanding

to include interpersonal functioning during childhood, adolescence and adulthood, few investigations have examined attachment beyond the age of infancy. Although support exists for the continuity of attachment across the lifespan, little has been written about the nature of attachment during adolescence and beyond. Also, other factors such as an individual's personality style and temperament play a role in the development and maintenance of attachment bonds, particularly during later life, and should not be ignored.

Review of the Adolescent Suicidality Literature

The Suicidal Process

The conceptualization of suicide as a process is important in explaining the many aspects of suicidality. This approach describes the development and progression of suicidality as a process that occurs within an individual and in interaction with the environment. The process may begin with fleeting thoughts about suicide or a wish for temporary oblivion or escape from a situation perceived as unbearable. Although these thoughts may disappear, they can be re-activated when an individual is confronted with adverse circumstances. The process may than progress from ideation and thoughts about taking one's life, to often repeated suicide attempts with increasing lethality and intent, and finally end with a completed suicide. An underlying and persistent vulnerability made up of biological and psychological trait characteristics that are under the influence of specific stressors is assumed to exist and to explain why certain individuals may be more resilient than others (van Heerigen, 2001). Although relatively little is known about the duration of the suicidal process, psychological autopsy studies of suicides by 58 individuals between 15 and 29 years of age showed that on average, the process started at the age of 20 and lasted an average duration of 37 months. The duration of the process was influenced by gender and by the nature of the psychological disorder, and was shorter in males (31 months) than in females (52 months) (Runeson, Beskow, & Waern, 1996).

Epidemiological data show considerable differences in sociodemographic and psychopathological characteristics between individuals who communicate suicidal ideation, those who attempt suicide and those who commit suicide. Historically, there has been controversy over the classifications and definitions of suicidal behaviors, as well as whether suicidal ideation, suicidal behavior and completed suicide represent distinct populations (Kreitman, Philip, Greer & Bagley, 1969), form a continuum of lethality (Brent et al., 1994), or form different but overlapping population groups (Linehan, 1986). More recent evidence from

longitudinal studies of those who attempted suicide and of retrospective psychology autopsy studies are in support of an association between these phenomena and suggest the validity of recognizing continuity among the different forms of suicidal behavior (Maris, 1992). Therefore, studying suicidal ideation and suicide attempts may provide important information in understanding actual suicide. While not all those who complete suicide have a history of attempts, psychological autopsies of completed suicide show that 30% to 40% of adolescents who succeeded in killing themselves had previously made a suicide attempt while many had either previously discussed their wish to die or threatened suicide (Brent et al., 1993). Similarly, prospective empirical literature reveals that youth who have a history of suicidal intent and/or attempts are at much greater risk for attempting suicide in the future (Roberts, Roberts, & Chen, 1998). Indeed, among suicide attempters, studies have estimated that from 0.1% to as many as 10% will eventually succeed in killing themselves (Blumenthal & Kupfer, 1988).

Completed Suicide

Epidemiological studies have shown that suicidal ideation and behavior during adolescence is becoming an increasingly common phenomenon. The suicide rates for Canadians aged 15 to 19 rose from 1.8 per 100,000 in 1951 to 12.9 per 100,000 in 1992. Among adolescents, suicide currently accounts for 21.6% of male deaths and 10.9% of deaths among females, making it the second leading cause of mortality in this age group following motor vehicle accidents (Health & Welfare Canada, 1994). Although adolescents complete suicide at a lower rate in comparison to many other age groups, the dramatic upward trend in their suicide rate over the past forty years warrants special concern.

While adolescent suicide victims are predominantly male with the current rate for males in Canada being nearly five times that of females (Health & Welfare Canada, 1994), females greatly exceed the suicidal attempts and ideation of males. This gender difference in completed suicides versus attempted

ones is thought to be due to the more lethal means used by males (Violato & Travis, 1995). Males are more likely to choose firearms, hanging and carbon monoxide poisoning while females more often use drug overdoses and carbon monoxide poisoning and hanging. Also of concern is the especially high suicide rates among groups of Native American and Canadian aboriginal people where the rate among 15-19 year-olds is nearly five times greater than the general population (Hoberman, 1989).

Suicide statistics fail to provide a complete picture of the entire phenomenon as they consist only of official data which have been found to underestimate true prevalence rates (Maris, 1992). In particular, the most salient methodological problem in epidemiological data in the study of adolescent suicide is underreporting. As the suicide of a young person often has overwhelming impact on family and friends, it may be covered up intentionally because of guilt, religious reasons, or social stigma. Accidental or violent deaths may involve suicidal intent that is impossible to ascertain. Although estimates vary, it has been suggested that between 30% to 200% of suicide deaths are not recorded as such (Diekstra, 1993).

Research on adolescent suicide has been marked by a number of methodological problems and limitations due in most part to the unavailability of subjects. A common method of studying cases of completed suicide involves the retrospective technique of psychological autopsy. The psychological autopsy procedure reconstructs the suicidal death through interviews with grieving family and friends as well as examinations of personal documents and police reports (Beskow, Runeson, & Asgard, 1990). However, these assessments are extremely difficult to carry out and are plagued by issues of reliability and validity. Other major limitations of psychological autopsy studies include major design weaknesses, the lack of a standardized assessment battery, the use of very small sample sizes, and the failure to incorporate appropriate comparison groups (Hoberman & Garfinkel, 1988; Marttunen, Aro, & Lonnquist, 1992).

Nonfatal Suicidal Behavior

Given the major limitations that exist in studying completed suicide, adolescent suicide research has mainly focused on studying nonfatal suicidal behavior. Data from several epidemiological studies of junior and senior high school populations in Canada and in the United States have substantially increased our knowledge of the prevalence rates of adolescent suicidal attempts and ideation. In one Ontario study, Joffe, Offord and Boyle (1988) found that among 12 to 16 year olds, 5-10 percent of boys and 10-20 percent of girls had experienced suicidal ideation or attempted suicide within the previous six months. Berman and Jobes (1991) estimated that adolescent suicide attempters make up 10.5% of teens, while serious suicidal ideators, including those who planned a suicide, comprise 19.4%. These researchers determined the frequency of any degree of suicidal ideation to be higher still at 52%, reflecting the statistically normative nature of suicidal thinking in adolescence. Finally, Safer (1997), through structured interviews, determined a 3-4 percent lifetime prevalence of attempted suicide among adolescents compared with a 7-10 percent lifetime prevalence estimation based on anonymous self-report surveys.

In examining adolescent nonfatal suicidal behavior, the prevalence rates of suicidal ideation and attempts are significantly higher for females than males. For example, in a group of 14-18 year olds, 6 percent of girls and 2.3 percent of boys reported suicidal ideation. In the same study, approximately 1 in 10 adolescent girls and 1 in 25 adolescent boys reported making some form of suicide attempt (Lewinsohn, Rohde, & Seeley, 1996). In a more recent longitudinal investigation, Sourander, Helstela, Haavisto and Bergroth (2001) found that 14 percent of girls and 7 percent of boys reported suicidal thoughts or preoccupations at age 16.

With such high numbers of adolescents reporting suicidal ideation and behavior and the strong associations between nonfatal suicidal behavior and completed suicide along the suicidal process, gaining an understanding about the nature of adolescent nonfatal suicidal behavior is becoming increasingly

important. While epidemiological studies contribute to our understanding of the scope of the problem, an examination of particular background variables provides insight into those factors associated with increased risk for suicidal thoughts and behaviors.

Linking Family Environment to Suicidal Behavior

Considerable research attention has focused on the influence of the parental and family system on adolescent suicidality. In-depth studies of suicidal adolescents have shown that they frequently experience problematic families and dysfunctional relationships with their parents (Adam, Keller, West, Larose, & Goszer, 1994). In an epidemiological study of suicide among secondary school students in the province of Quebec, Pronovost, Cote, and Ross (1993) found that family problems were ranked first as precipitating events culminating in suicidality. In addition to the stress of family problems, many adolescents often experience longstanding personal struggles in the midst of family difficulties.

Family Instability and Parental Loss

Parental loss or the break up of a family following death, divorce, separation or abandonment, has been an important factor to consider in understanding the role of family variables on adolescent suicidality. While a few studies indicate that adolescent youth who have experienced changes in their family composition due to death or divorce are at an increased risk for suicidal behavior (Grosz, Zimmerman, & Asnis, 1995), the accumulated evidence suggests that these factors may contribute to adolescent psychopathology, but not suicide in particular (Reinherz, et al., 1995; de Man, Labreche-Gauthier, & Leduc, 1993).

Following a comprehensive review of empirical support, Wagner (1997) concluded that there was no evidence that the loss of a caregiver to death was a risk factor for suicidal behavior. Similarly, parental separation or divorce, when

considered apart from other losses, did not appear to be a significant risk factor for youth suicide. However, he also determined that early losses and multiple losses may influence the emergence of suicidal symptoms and behavior. Furthermore, studies consistently demonstrate that frequent threats of separation in early childhood are significantly associated with adolescent suicidality (Adam, Bouckoms, & Streiner, 1982a; Cohen-Sandler, Berman, & King, 1982).

Quality of Family Life and Suicidal Behavior

Apart from parental loss, studies investigating the role of the family suggest that the quality of family life is much more important in understanding adolescent suicide than whether the child has one or two available parents. Several researchers suggest that the families of adolescent suicide attempters are much more likely to be characterized by high levels of unresolved conflict when compared to the families of nonsuicidal teens. Studies from Montreal (Adam, Lohranz, Harper & Streiner, 1982b) and New Zealand (Adam et al., 1982a) concluded that a stable family life following parental separation lead to less suicidal behavior than a chaotic but intact family system. Therefore chronic family discord during the time before and after a marital break-up is a more important factor than parental separation.

Adams, Overholser, and Lehnert (1994) found that suicidal adolescents perceived their families as having more problems than did nonsuicidal adolescents with the seriousness of suicidal intent directly related to the degree of family dysfunction reported by the adolescent. Suicidal adolescents reported that their families engaged in power struggles, practiced ineffective methods of control, lacked problem-solving skills, and found it difficult to adapt to change. Similarly, Rotheram-Borus, Piacentini, Miller, Graae, and Castro-Blanco (1994) found that suicidal adolescents are often exposed to high levels of blame and criticism in face-to-face contact with parents, not only during a suicidal crisis but on a long term basis. Kaplan (1980) suggested that adolescents who experience negative interpersonal interactions such as family conflict, tend to blame

themselves for the conflict believing they are the source of the difficulties. He theorized that feelings of self blame caused adolescents to internalize family conflict, feel guilty, and develop rejecting attitudes about themselves thereby putting themselves at increased risk for suicide.

Suicidal adolescents often characterize the social climate of their family as less cohesive, suggesting a perceived lack of support among family members (Campbell, Milling, Laughlin & Bush, 1993). Kandel, Raveis and Davies (1991) proposed that lack of parental support may cause adolescents to feel unloved, unwanted and isolated from their social support systems. Further, lack of parental support fosters the development of self-rejecting attitudes through the communication of rejection and unworthiness to the adolescent (Rollins & Thomas, 1979). Suicidal adolescents have reported significantly more feelings of isolation from important family members than their nonsuicidal peers (Husain, 1990). Family cohesion in nonintact families has also been found to significantly offsets the effects of stress, lowering fivefold the probability of suicidality (Rubenstein, Halton, Kasten, Rubin, & Stechler, 1998). In this study, adolescents whose families were emotionally involved, spent time together, and had common interests were significantly less likely to be suicidal. Therefore, parental support or acceptance was found to be inversely related to suicidal ideation.

Parenting style has also been linked to suicidal behavior. Unconditional love and support from parents allows adolescents to perceive their essential worth as human beings. This internalized experience may protect adolescents from suicidal ideation and behavior and enable them to cope with stressful thoughts and feelings that would otherwise threaten their sense of competency and self-worth. In contrast, parents who have conditional patterns of love and support may undermine their children's developing self-esteem and hinder the development of their sense of self. Parents who display their love and support only when high and unreasonable standards are met, often predispose adolescents to feelings of depression and hopelessness. Suicidal ideation in most adolescents signals a loss of hope in being supported and understood by significant others (Mahler, Pine, & Bergman, 1975). For example, parental

restrictiveness (Pillay, 1987) and neglectful and overprotective parenting (Silove, George & Bhavani-Sankaram, 1987) have been related to adolescent suicidality. Allison, Pearce, Martin, Miller, and Long (1995) reported that suicidal adolescents perceived their parents to be significantly more critical, less caring and more overprotective than nonsuicidal adolescents. In addition, de Man et al. (1993) found that suicidal ideation in adolescents was related to a parental-child regime that was characterized by control and limited support.

The Expendable Child and Child Maltreatment

Sabbath (1969) proposed the "expendable child" hypothesis, suggesting that parents of suicidal adolescents may feel threatened by their adolescents' developing sexuality and hostility and become rejecting of their children in order to control conflicts resulting from changes within the family. He theorized that adolescents attempt suicide due to their perceptions that their parents wish to be relieved of them. In support of this theory, parental rejection has been found to be more common among suicidal adolescents than nonsuicidal adolescents. For example, after interviewing 35 suicidal teens and their families, Rosenbaum and Richman (1970) concluded that the parents of suicidal adolescents were much more likely to express hostility, rejection, and be less supportive of their adolescent when compared with parents of nonsuicidal adolescents. Studies have also examined whether suicidal adolescents experience being singled out by harsher or more negative treatment in comparison to their siblings. In a study of 178 pairs of adolescent siblings, Wagner and Cohen (1994) reported that perceived differences in parental warmth or harsh discipline were related to suicidal ideation. Specifically, those who felt they were treated with more warmth than their sibling had lower suicidal ideation relative to their sibling while adolescents who perceived harsher treatment had higher suicidal ideation scores than their sibling.

Another example of the "expendable child" involves the physical or sexual abuse of a child. In his review, Wagner (1997) concluded that retrospective

reports of abuse are more common among adolescent suicide completers and attempters than among "normal" adolescents. Henry, Stephenson, Hanson, and Hargett (1993) identified physical violence during adolescence as a precipitating event for suicide attempters and found that sexual abuse within families predicated suicidal behaviors among young females. In this study, it was proposed that adolescents exposed to physical or sexual abuse may internalize the abuse and view violence against themselves as an acceptable solution to their problems. It has also been suggested that youth who are abused by their parents experience emotional disengagement leading to feelings of meaninglessness, powerlessness, estrangement and isolation. These feelings have all been associated with increased risk of suicidality.

Linking Interpersonal Relationships to Suicidal Behavior

Considerable empirical research supports the conclusion that suicide risk increases for youth who experience poor relationships with peers. In one study, de Wilde, Kienhorst, Diekstra, and Wolters (1994) determined that youth at high risk for suicide reported lower levels of support from siblings and relations outside the family than nonsuicidal youth. Hawton, Fagg, and Simkin (1996) found that approximately one third of adolescents who attempt suicide report interpersonal difficulties (e.g., isolation from peers, lack of supportive friendships, a recent peer conflict or a boyfriend/girlfriend breakup) as a precipitating factor to their suicide attempt. Investigations based on clinical interview data or problem checklists have also indicated that peer problems are frequently reported by hospitalized suicidal youth when compared to nonsuicidal hospitalized controls (Topol & Reznikoff, 1982). Similarly, low levels of friendship quality and peer social support have been associated with suicidal ideation among normative samples (Rubenstein, Heeren, Housman, Rubin, & Stechler, 1989; Harter, Marold, & Whitesell, 1992). A recent study by Prinstein, Boergers, Spirito, Little, and Grapentine (2000) provides additional support for an association between adolescent's peer relationships disturbances and suicidal ideation. They

determined that four peer factors including close friendship support, perceived peer acceptance, rejection and deviant peer crowd affiliation appeared to contribute directly or indirectly to suicidal ideation severity.

The importance of close friendship support in preventing suicide has been supported by Grosz et al., (1995) who suggested that talking about personal difficulties with friends may lessen the impact of a problem and that social support protects youth against suicide by acting as a moderator between life stresses and suicide. Shagle and Barber (1995) found that peer rejection or the absence of friends was associated with suicidal ideation in youth. Allen (1987) proposed that lack of friendship exacerbates the adolescent's feelings of loneliness and unworthiness. These feelings increase isolation from a peer group that might otherwise serve as a source of support in times of distress. When feeling unwanted and alone, adolescents may be more likely to contemplate suicide.

In addition to the research on suicide, consistent findings have associated poor peer functioning with related domains of adolescent psychological adjustment such as depression (Aseltine, Gore, & Colten, 1998; Boivin, Poulin, & Vitaro, 1994), conduct problems, and substance use (Dishion, Capaldi, Spracklen, & Li, 1995). Adolescents who lack close supportive friendships have also been found to be at risk for difficulties of social and psychological adaptation and experience increased difficulties coping with severe life stressors (Cohen & Willis, 1985).

Summary of Adolescent Suicidality Literature

Despite controversy, increasing evidence supports the validity of recognizing continuity among the different forms of suicidal behavior and the conceptualization of suicide as a process. Recognizing that studying completed suicide has many methodological limitations, recent investigations are looking at nonfatal suicidal behavior to gain understanding into this serious problem. In examining the correlates and risk factors, theoretical models and empirical data

on adolescent suicidality converge in supporting disturbed interpersonal relationships as important factors involved in the spectrum of youth suicidality. Attachment theory may provide increased insight into the mechanisms linking interpersonal relationships and family experiences to adolescent suicide.

Review of Attachment and Suicidality in Adolescence

Theoretical Formulations

The attachment and adolescent suicidality literature join in supporting attachment theory as a valuable model for increased understanding of suicidal behavior. Historically, Bowlby (1980) believed that suicidal behavior was motivated by the threatened or actual loss of a primary attachment figure during childhood through either death or separation. He theorized that a completed suicide was brought on by a deceased attachment figure and motivated by revenge, a wish to be reunited, self-blame for the death, or the perception of being unable to continue without the deceased attachment figure. He further believed that a suicide attempt was motivated by a wish to punish an attachment figure or to signal personal distress and elicit a caregiving response from an attachment figure who is seen as neglectful. Bowlby viewed these ineffective and life-threatening attempts to seek revenge or to elicit closeness and care as extreme expressions of insecure attachment relationships (Wagner, 1997).

Adam (1986, 1994) put forth an extension of Bowlby's ideas to recast adolescent suicidality as a disturbance of the attachment system. According to his model, individuals use early attachment experiences to construct a model representing themselves in relationships with those around them. The experience of having ones needs met or ignored through interpersonal relationships serves to confirm or modify this model. In this manner, the interactions an individual has with others relates with prior experiences by way of a representational model and creates an internal working model with regards to attachment. An individual's internal working model can be manifested in various personality difficulties involving self-worth, affect regulation, and interpersonal relationship skills, and can confer an underlying vulnerability or resilience to later attachment stress. Moderating variables act in general ways on both predisposing and precipitating factors to augment, facilitate or suppress their expression. Early attachment experiences serve to produce vulnerability to suicidal behavior by their effects on

the attachment system that are mediated through internal working models of the self and others.

Using this model, securely attached adolescents experiencing distress can acknowledge their feelings and turn to supportive and trusted relationships for comfort. In contrast, early insecure attachments contribute to the development of a model of attachment in which the self is perceived as unlovable and important others are believed to be unavailable to fulfill security needs. This existing attachment model is reinforced by the lack of success in achieving felt security. As a result, an individual becomes excessively sensitive to threats regarding the continuity of their relationships. Insecurely attached adolescents may have a relatively low tolerance for stressors and a high level of affective distress. When they are unable to successfully meet their needs for security, these adolescents are increasingly vulnerable to low self-esteem, anger, depression, helplessness and/or hopelessness. A distrust in the availability of others leads to distant interpersonal relationships and feelings of anger and loneliness. As they are unable to view themselves as capable and independent and unable to turn to others for relief, these adolescents are vulnerable to catastrophic responses as a result of the perceived unavailability of their attachment figure. From this perspective, adolescents with insecure attachment are not competent at using others for support and are vulnerable to an elevated risk of suicidal behaviors compared to securely attached adolescents. This model views suicide as an extreme attachment behavior which occurs in response to current attachment threat, signaling distress and expressing anger toward an unresponsive or unavailable attachment figure. In this way, adolescents with insecure attachment have the highest sensitivity to later loss, disappointment, and rejection, and have the greatest probability of engaging in suicidal behavior.

Adam's model further suggests that those who experience their caregivers as sensitive and available are at an increased likelihood of developing high regard for themselves and optimistic expectations of others. These circumstances result in the appropriate conditions for the formation and maintenance of interpersonal relationships. On the other hand, inconsistent, role-

reversing, or rejecting parenting in early childhood may create maladaptive working models of attachment lowering the chances of developing positive relationships with family, friends and romantic partners in later life. Following repeated encounters, the caregiver's failure to respond consistently and effectively to the child's signals of distress may teach the child that they are incapable of successfully managing negative emotional arousal in close relationships. Adolescents who are insecurely attached as infants and children are more likely to be treated poorly by others in close relationships and to perceive these relationships as threatening. Suicidal behavior may be a coping mechanism that provides escape from painful arousal when no alternative means of achieving relief seems available (Wagner, 1997). In this way, those who experience their caregivers as insensitive and unavailable or whose parents place their own needs before their child's are more likely to have poor regard for themselves and pessimistic and hostile expectations of others and therefore have difficulty in maintaining relationships. Research has determined these personality characteristics to be to be present in those making suicide attempts (Adam, 1994).

Empirical Support

An examination of the research in the areas of attachment theory and adolescent suicide provides support for a theoretical association between the two areas. West, Spreng, Rose, and Adam (1999) examined the relationship between a history of suicidal behavior in adolescence and felt security or perceived availability of attachment figures. They found that the failure to achieve felt security within attachment relationships and high levels of depressive symptomatology differentiated adolescents with a history of suicidal behaviors within a clinical sample. They also determined that although perceptions of the attachment figure as unavailable were significantly associated with suicidal behavior among males and females, perceptions of peer support was not. These

findings suggest empirical support for the continued importance of parental support over and above peer support in adolescence.

Similarly, the importance of parental relationships was shown in a study examining security of attachment and level of individuation from parents and peers. In this investigation, de Jong (1992) found low individuation abilities among suicidal youth who were 18-24 years of age. Adolescents who were suicidal reported the lowest security of attachment and the lowest degree of individuation from their parents. However, similar levels of security of peer attachment and individuation from peers were determined for both depressed and control subjects. These findings show parental relationships for suicidal adolescents to be more significant indicators of difficulties in attachment and individuation than relationships with peers.

In addition to the importance of the parent-child relationship, studies have found associations between adolescent suicide and insecure attachment strategies. For example, researchers have reported that suicidality in adolescence is related to a combination of a preoccupied and an unresolved attachment status (Adam, Sheldon-Keller, & West, 1996) and that youth with predominantly fearful or preoccupied attachment were more likely to endorse suicidal ideation than were secure or dismissing youth (Lessard & Moretti, 1998).

Parental rejection has also been found to be more common among suicidal than nonsuicidal adolescents. Rosenbaum and Richman (1970) interviewed 35 suicidal teens and their families and found that parents of suicidal adolescents are much more likely than parents of those who are nonsuicidal to express hostility, be rejecting, and be less supportive of their teenagers. Parents of suicidal youth who are rejecting of their adolescent, pass on to their children their own inability to resolve feelings of negative self-regard. Studies have also demonstrated that parents of suicidal adolescents when compared to parents of nonsuicidal adolescents have more negative feelings about themselves (Tishler, McKenry and Morgan, 1981).

Research studying parental bonding styles has found associations between parent-child bonding and adolescent psychopathology and suicidality.

For example, Benjaminsen, Krarup, and Lauritsen (1990) found that suicide attempters had experienced significantly more negative and less positive parental rearing factors than controls. The Parental Bonding Instrument (PBI; Parker, Tupling, & Brown, 1979) classifies the influence of early childhood bonding experiences by using an individual's perceptions of their relationships with parents in terms of two dimensions: level of care or affection (low versus high) and level of control or protection (low versus high). Using these dimensions, four classifications of parental bonding styles have been identified: optimal bonding, absent or weak bonding, affectionate constraint, and affectionless control.

Empirical studies have shown the affectionless control style of parental bonding to be associated with various forms of maladjustment in adolescents. For example, affectionless control, indicative of high overprotective behavior with low parental care, has been associated with adolescent depression (Burbach, Kashani, & Rosenberg, 1989), adolescents with psychiatric histories (Adam et al., 1994; Martin & Waite, 1994), binge eating problems (Fowler & Bulik, 1997) and delinquency (Howard, 1981). Affectionless control is also associated with poor social support (Sarason, Sarason, & Shearin, 1986) and adolescent drug abuse (Clausen, 1996).

In a study comparing 43 young women who had attempted suicide to a control group, Goldney (1985) noted that the suicidal group reported significantly less parental care and significantly more parental overprotection than did controls. In a similar study, Adam et al. (1994) administered the PBI to 187 adolescents in three Canadian cities, they found that suicidal adolescents reported lower care and higher overprotection by their mothers than did nonsuicidal adolescents while female subjects and not males also reported this pattern for their fathers.

More recently, in an investigation of 296 incarcerated adolescents, McGarvey, Kryzhanovskaya, Koopman, Waite, and Canterbury (1999) reported that among males, affectionless control bonding styles to the father was significantly related to higher frequency of suicidal thoughts and attempts in the

previous year in comparison to adolescents with other bonding styles. However, no significant relationships were observed between suicidality and male bonding to mothers or among females and their bonding to either parent. Finally, Martin and Waite (1994) found that high school students who reported a previous suicide attempt recalled either lower care or higher overprotection from both parents than normal students. The overprotective factor of the PBI involves perceptions of the parent as controlling, intrusive, infantalizing and likely to interfere with the autonomy of the adolescent. The achievement of autonomy from parental figures is a central task of adolescence and the failure to develop autonomy has been associated with suicidal behavior (Adam et al., 1994). As well, the quality of parental care has been shown to correlate with the quality of parent-child attachment (Bowlby, 1969).

Summary of Attachment and Suicidality Literature

According to Adam (1994), dysfunctional attachments are a common precursor to adolescent suicidal behavior. The empirical investigations in this area have found associations between insecure attachment, low individuation abilities, perceived parental rejection, low levels of care and affection, and high parental overprotection with suicidality during adolescence. As suicide is increasingly seen as multi-determined, it is important to expand our knowledge in the area of attachment and interpersonal factors and the role they play in becoming suicidal. From an attachment perspective, studying family and interpersonal attachments may improve our understanding of the continuum of adolescent suicidality.

Rationale for the Study

Despite the high rate of adolescent suicide and the research conducted in this field, little is known about the impact of attachment relationships on the experience of being suicidal. The few studies investigating adolescent suicide and attachment have been quantitative in nature and have not extended attachment to examine peer relationships. The quantitative method, while objective and concrete, limits the researchers ability to understand the individual's experience. It reduces an intricate and complex phenomenon to a series of specific questions that although measurable, observable and replicable, fail to completely explain what is being investigated. While there have been many years of quantitative research in the area of suicide, little evidence exists to indicate that this research has had an impact on the reduction of the overall suicide rates, has improved predictive efficacy, or has lead to an increased understanding of suicidal individuals from a phenomenological perspective (Rogers, 2001).

Recently, researchers have been directed to concentrate on the suicidal mind to better understand how suicide becomes a viable option (Kral, 1994). Identified as missing in suicide research are an understanding of participants' viewpoints and a perception of their reality (Shneidman, 1987). Recognizing the multifaceted nature of the suicidal process, recent research methods have moved beyond the traditional objective position to include a qualitative approach that recognizes the importance, complexity and depth of people's experiences. Through a process of careful and rigorous inquiry, the qualitative approach allows a researcher the opportunity to explore the meaning of an area of human experience in order to develop an understanding of how the world is constructed.

The role of attachment in becoming suicidal has been supported by existing quantitative research, however little theoretical development from an experiential point of view has been outlined in this area. As the intent of this research was to explore the process of becoming suicidal through increased understanding of the importance of attachment relationships as perceived by

those who had experienced this process, the following questions were investigated: How do adolescents who were suicidal view their attachment relationships? What influence do they attribute to attachment relationships on their suicidality?

Chapter Three

Methodology

The Grounded Theory Approach

In order to address the research questions and develop an understanding of the phenomenon of adolescent suicide and attachment from the participant's reported experiences, this study required a method of qualitative inquiry focusing on individual's perceptions and understanding of the world. Grounded theory was chosen as the most suitable method because the purpose of this study was to gain understanding of the suicidal mind and the experiences of adolescents who have had suicidal thoughts, feelings and behaviors. In contrast to quantitative research where an existing theory is tested and deductively analyzed, in the grounded theory approach data is inductively analyzed and a theory is developed from the emerging themes "grounded" in the data (Glaser & Strauss, 1967). Grounded theory is well suited for reflecting the realities of an individual's experience becoming suicidal because the object of this approach is to create theory that is intimately linked to the reality of the individuals studied by analyzing words articulated by participants.

Grounded theory (Glaser & Strauss, 1967) is a discovery oriented qualitative methodology widely adopted by qualitative researchers due in part to explicitly outlined guidelines and large body of published exemplars. Its conceptual orientation is rooted in symbolic interactionism, subscribing to the view that human beings are acting rather than responding beings and that human action is purposeful and based on the meaning it has for each individual (Nusbaum & Chenitz, 1990). Grounded theory is based upon the value of individual experience and reflexivity and incorporates a social constructivist perspective. This perspective allows for mutual exploration of the phenomenon through collaborative interaction by the researcher and participants (Colaizzi, 1978; Merriam, 2002). Through an inductive examination of data, grounded

theory aims to both describe and explain subject areas that may be difficult to access using traditional research methods.

According to Glaser and Strauss (1967), the main principles of the grounded theory approach include: (1) the discovery of new ways of making sense of the social world; (2) the analysis of data to generate a theory or formal framework for understanding the phenomenon under investigation; and (3) the grounding of theory in the data from which it emerged. This method allows the researcher to collect data in an area of interest, develop a model, and generate a theory based upon data systematically obtained through real-world situations and experiences.

Through a process of constant comparison and reduction, researchers using grounded theory aim to establish a well-integrated theory developed from well-defined concepts that emerge directly from empirical research. The method of constant comparative analysis involves simultaneous data collection and analysis along with the comparison of each item of data with every other item collected. The systematic categorization and analysis of data is combined with theoretical sampling to generate an integrated and consistent theory. During this process, grounded theory researchers must be sensitive to the potential multiple meanings of data. The researcher must possess sufficient theoretical sensitivity while being able to reflect on individual biases and assumptions. The key to achieving satisfactory grounded theory analysis lies in the immersion of the researcher in the data.

Many advantages in using a grounded theory approach have been described in the literature. For example, grounded theory methods are clearly articulated and provide rigorous procedures for researchers to develop their ideas about areas of investigation. They promote the development of theories conforming closely to the data and phenomena of study and direct the use of both intellect and imagination in the process of interpretation (Turner, 1981). Grounded theory procedures also yield dense conceptual analyses of empirical problems as levels of abstraction are built directly from the data and are supported and refined by subsequent data collection (Charmaz, 1995). The

grounded theory approach has also been reported to be useful for investigating areas where relevant variables have not yet been identified (Stern, 1980).

The Interview Method

In recent years, a growing number of scholars have begun to use interviews to study aspects of adolescent suicide (Everall, 2000; Hoover & Paulson, 1999; Carrigan, 1994) and adolescent-parent relationships (Youniss & Smollar, 1985). The interview method is well suited for grounded theory methods by providing the opportunity for data to be collected within the natural context. This method enables researchers to explore and interact with participants while ensuring their mutual understanding and communication about the research question. Direct interviewing allows for the exploration of intimate life experiences, participant perceptions, cognitions and affective responses. The interviewing approach also allows the researcher to investigate relationships across many situations and time frames, rather than imposing artificial constraints on the participants experience. In an examination of interviewing in grounded theory, interviewing was found to be the best means of securing personal and private concerns of respondents (Chenitz & Swanson, 1986).

Sampling

In order for concepts and categories to emerge during data analysis, specific data sources were sampled during the course of this research in which participants were selected based on their experiences with the phenomenon being investigated. According to Morse (1991), the selection of an adequate and appropriate sample is critical in qualitative research and the quality of the research is contingent upon the appropriateness and adequacy of the sample. It is essential that informants are knowledgeable about the topic and that they are experts in the area by virtue of their involvement and experience. Therefore, a purposive sample was recruited in which participants had first-hand experience

with suicide including suicidal thoughts, feelings and/or behaviors. This sample was not intended to be representative of the general population but rather with those who had experience with adolescent suicidality. Those who participated in the study constituted a purposive sample of individuals who were suicidal during adolescence but were no longer suicidal and who wished to share their experience.

Selection of Participants

The following criteria were used for the selection of participants:

- Both male and female participants were solicited.
- Participants must have been between the ages of 15 and 26 at the time of the interview.
- Participants must have considered themselves to have been suicidal between the ages of 13 and 19.
- Participants must have considered themselves to be non-suicidal for a minimum of 6 months.
- Participants must have been suicidal within the last 3 years.
- The participants must have been willing to discuss their experience of becoming suicidal in an interview with a researcher.

Participants were recruited for involvement in this study through advertisements placed in the classified section of newspapers within the provinces of Alberta and Nova Scotia. An announcement describing the study was also placed on an Internet website targeting adolescents and brochures describing the research were mailed out to community service agencies within the areas of Edmonton, Red Deer and Calgary, Alberta. In addition, posters enlisting volunteer participants were placed in public areas at the University of Alberta campus in Edmonton.

Those individuals who were interested in participating in the study contacted a member of the research team directly by telephone or e-mail and a brief interview was conducted to inform the individual about the nature and purpose of the research study and to determine whether they fit the criteria for participation. Those potential participants who were considered appropriate candidates were then informed of the time requirements and extent of their involvement. Once candidates agreed to participate in the study, a mutually convenient interview time was scheduled. During the brief telephone interview and subsequent face-to-face interview, participants were informed that the interview would be digitally recorded and later transcribed at which point all identifying information would be removed from the interview transcript. Participants were also informed that their participation in the study would be kept strictly confidential. Those participants who were below the legal age were informed that parental consent would be required in order for them to take part in the study.

Eleven participants were included in the study. All were female and between the ages of 17 and 26 at the time of the interview. All considered themselves to have been suicidal for several years between the ages of 13 and 19. Nine were of European decent and two were Metis. While three had no history of suicidal attempts, five had attempted suicide once and three reported attempting on more than one occasion. Of the participants, one was married, three lived with a partner and seven were single. Two were high school students, three were post-secondary students and six were working full or part time. Three had experienced the divorce of their parents.

Interview Procedure

Interviews were conducted with those individuals who met the criteria for participation and who expressed interest in taking part in the study. Those participants who were above the legal age were initially oriented to the purpose of the study and the nature of their involvement. Each received a written

explanation of the purpose of the study (Appendix A). Informed consent was obtained from each participant and issues regarding the voluntary nature of their participation, confidentiality and right to withdraw from the study were discussed. After any questions that participants had with regards to the study and their involvement were answered and the participants agreed to involvement in the study, the Consent to Participate form was signed (Appendix C).

For those participants who were under the legal age, parents or guardians received a verbal and written explanation of the purpose of the study prior to giving consent for their son/daughter to participate (Appendix B). Prior to obtaining written consent, parents' questions concerning procedures or purpose of the study were answered by the researcher. Participants were informed of their rights in participation and in confidentiality. Written informed consent was obtained from parents (Appendix D) and adolescent participants were asked to sign an Assent to Participate form following consent of their respective parent or guardian (Appendix E). In addition, all participants completed a Demographic Information form (Appendix F). Participants were informed that any identifying information would be stored separately from the interview data.

With the exception of one telephone interview, interviews were conducted face-to-face with participants and members of the research team. The research team included four senior doctoral students, two professors from the Department of Educational Psychology at the University of Alberta and myself. The interviews began with several introductory statements explaining the nature of the interview questions and designed to elicit open dialogue with the participants. Participants were encouraged to think about their experiences, to take their time in answering questions and to describe their experiences as fully as possible. Care was taken to establish rapport between the researchers and participants and to create an environment of warmth, acceptance, comfort and safety. At the onset of the interview, participants were encouraged to relate their story as fully as possible with minimal direction from the researchers. The interview then followed a semi-structured format in which open-ended questions were asked in a non-judging and encouraging manner (Appendix G). Interview questions were modified and

added to address any new issues raised by the participants. The researchers responded to the participants' disclosures with active listening and paraphrasing to facilitate communication and check understanding. Each interview took between an hour and two hours and was digitally recorded.

Analysis and Interpretation of Data

In preparation for analysis, interviews were transcribed and verbatim transcripts were created in which any identifying information about the participants were excluded to protect anonymity. The participants' reports of their experiences becoming suicidal were then analyzed qualitatively using the grounded theory approach (Glaser, 1978; Glaser & Strauss, 1967) according to the analytic technique developed by Rennie and his colleagues (Rennie, 1996; Rennie, Phillips & Quartaro, 1988).

In the initial stage of analysis, each interview was carefully read to capture the full content of the participant's experience. Excerpts relating to attachment and becoming suicidal were then identified and cut from the transcript into a separate document. These excerpts were then broken down into blocks of text referred to as meaning units. Each meaning unit conveyed an important concept as conveyed by the participant. Meaning units were summarized into one-sentence property statements that closely reflect the language of the participant.

During the next step, descriptive categories were assigned to each identified property statement to represent the participant's distinct thoughts and ideas. Descriptive categories were organized in a separate document and the interview in which the category was found was recorded. Connections between descriptive categories were explored to ensure that those with similar content were equivalently labeled. If an analytic unit was distinct from the existing descriptive categories, another category was created to accommodate it.

Once the property statements were categorized, they were laid out in a chart representing the descriptive categories and corresponding interviews. Relationships and patterns amongst descriptive categories were then developed

using the constant comparative method which identified and linked descriptive categories together into higher order sub-main categories representing related ideas. Throughout the analysis, the meanings of all categories were compared and contrasted both within and across cases. Descriptive categories were often placed into several sub-main categories, thereby identifying links between categories and maintaining variation in the data.

After reorganizing, collapsing and exploring all linkages and patterns between the categories, main and core categories appeared. Core categories became central in the hierarchical structure that emerged. As a result of the data analysis process, there were a total of 932 property statements, 375 descriptive categories, 82 sub-main categories, 13 main categories and 3 core categories in all. Appendix H presents a complete list of core, main and sub-main categories with enumeration indicating the number of participants that endorsed each category.

During the process of data analysis, reflections and ideas were recorded as memos to track important ideas and hypotheses. Following the principles of grounded theory, data analysis was carried out concurrently with data collection. The data gathering processes continued until theoretical saturation of the data was obtained.

Ensuring Reliability and Validity

As in all scientific study, qualitative research requires that adequacy and rigor be demonstrated through reliability, validity and objectivity. Lincoln and Guba (1985) present parallel terms from quantitative research and advocate the need for criteria to evaluate trustworthiness through establishing credibility (internal validity), transferability (external validity), dependability (reliability), and confirmability (objectivity).

Credibility

Credibility or truth value refers to the confidence in the truth of the research findings for the participants within the context of the inquiry (Field & Morse, 1985; Lincoln & Guba, 1985). There are several ways in which credibility was enhanced throughout the course of this investigation.

Efforts were made to elicit rich and accurate information from the participants through the use of semi-structured interviews. Rapport and trust were carefully established with each participant. Although only single sources of information were used for this study and external criteria were not available to validate individual truths, the constant comparative method of data analysis has been described to enhance the credibility of individual accounts by demonstrating that different participants articulate the same thing (Rennie et al., 1988). Within each participant's interview, triangulation was also used to evaluate the consistency of the articulated experiences. Occasionally, narrative revisions occurred during the interviews in which participants revised their statements to be more precise. Narrative revisions have been suggested to enhance credibility by reflecting the participants desires to provide accurate recollections (Hutchinson, Marsiglio & Cohan, 2002).

Transferability

Transferability involves the applicability of the research findings to other contexts or individuals as a result of similarities between them. It is facilitated by purposive sampling and in depth descriptions of participants and contexts (Guba, 1981). It has been suggested that the object of grounded theory research is not to yield generalizable theory, but intimacy with the phenomenon and theory directly related to the reality of individuals involved (Rennie et al., 1988). In this way, rich descriptions are presented and readers determine what meaningful connections relate to their experiences.

Dependability

Dependability answers the question of whether research findings could be consistently replicated within the same context (Guba, 1981). Reliability or stability of data is determined when subsequent researchers obtain similar results when following the same procedure with a similar sample. While exact replication of human behavior is impossible, reliability is enhanced with clear and detailed descriptions of participants, the context and the procedures followed. Throughout this investigation reliability was ensured as consistent methods of interviewing and data analysis were used for all participants. As well, all research methods were clearly outlined and transcript segments presented to provide examples. All records resulting from this research, including raw data, data analysis, coding and memos were kept.

Confirmability

Confirmability addresses the issue of securing that research findings result solely as a function of the participants and do not arise from researcher bias, motivation, interest or perspective (Guba, 1981). During this study, confirmability was ensured through bracketing of the researcher's personal assumptions, values, beliefs, biases and ideas. Identification and careful reflection of the researcher's personal perspectives served to separate them from those of the participants. Enhanced awareness of researcher bias has been suggested to improve credibility through increased vigilance about the possible consequences of this bias on the research findings (Van Manen, 1990).

Limitations of the Method

The purpose of this investigation was to examine how adolescents who have overcome suicidal thoughts, feelings and behaviors perceive the role of parental and peer attachment relationships in the process of becoming suicidal. A qualitative research design was chosen for this study with the intent of

increasing our understanding of the suicidal mind and the experiences of adolescent suicide attempters. Several limitations exist from the use of the grounded theory approach in this investigation.

Subjectivity

Due to the strong emphasis on interaction between the researcher and the area of investigation in the grounded theory approach, this method has been criticized for its subjective nature. As the researcher becomes increasingly connected with the data, it is progressively more difficult to separate from the emerging results particularly as categories become more abstract.

Throughout this investigation, interpretations given to the data were rooted in this researchers personal assumptions and beliefs. Although no formal control procedure was incorporated to reduce the possibility of subjectivity, Giorgi (as cited in Rennie, 1992) maintains that a single analyst is best suited for understanding and representing a phenomenon as he or she is the expert in the area of investigation. While deep personal involvement in a topic can lead to enmeshment, bias and distortion, it can also provide motivation for thorough investigation and understanding (Stiles, 1993). Glaser and Strauss (1967) suggest that different analysts emphasize different aspects of the phenomena of study and that various interpretations will be valid if each is grounded in the data. Therefore, they are not concerned with the subjectivity of interpretations. Rennie (1992) proposed that while the qualitative method can never be objective, subjectivity is minimized by the analyst's ability to demonstrate grounding of the conceptualization in the data. Furthermore, he believes it is the reader's task to make sense of the results given their experience and understanding of the phenomenon.

Use of Verbal Reports

In using this method of inquiry, researchers are restricted by the participants' ability to provide accurate and descriptive narratives. As grounded theory researchers are unable to access the internal processes that participants are unaware of, the use of verbal reports limits the data that researchers are presented with (Rennie et al., 1988). The possibility of being misled by poor or false information from participants also exists. Despite this limitation, Ericsson and Simon (1980) suggest that verbal reports that are carefully obtained and cautiously interpreted provide important and reliable information about processes that are attended to and registered in the participants' memory.

Generalizability

As grounded theory research is conducted using a small sample of a select population, it is limited in its generalizability. However, as the purpose of this research is to develop intimacy with the phenomena, the object of this approach is to create theory directly linked with the reality of the individual participants. In this way, grounded theory is able to access those areas of human experience that could not be addressed using traditional approaches to research (Rennie et al., 1988).

Chapter Four

Results

Despite the variability within the participant's experiences of becoming suicidal, remarkable similarities of experience emerged across participants. As they spoke about their interpersonal relationships during the adolescent years, common features existed in their experiences and responses. Three main categories emerged: parental attachment, peer attachment and perceptions of self. The category of parental attachment includes areas of the participants' continuing attachment or bonding to parents during the time of adolescence. Peer attachment includes relationships, connections and bonding with peers. The third main category, perceptions of self, includes thoughts, feelings and beliefs about the self expressed by participants which emerged as a result of attachment experiences. According to the participants' experiences, all three areas appeared to be inter-related and were described as playing a role in becoming suicidal.

Adolescent Parental Attachment

During the course of the interviews, all participants reflected upon their relationship with their parents in childhood and adolescence. These experiences were described as important contributing factors in their becoming suicidal during the teen years. Although each participant had a diverse set of personal experiences, issues surrounding upbringing and relationships with parents were unanimously portrayed as providing the groundwork for later-life relational difficulties, personal beliefs and inadequacies. As participants described their years as an adolescent becoming suicidal, several themes about attachment relationships with their parents emerged.

Difficult Relationships

Participants consistently described difficult and volatile relationships with their parents that involved high levels of conflict, physical and verbal abuse, as well as feelings of anger, resentment and alienation from the family. Difficulties also arose from parents who were highly critical and had high expectations, leaving their teens with strong feelings of failure and disappointment. Parenting strategies reported to strain parent-teen relationships included highly controlling and overprotective parenting, and reluctance to allow the teen opportunities to experience independence and responsibility. Poor relationships with one or both parents were a source of ongoing distress. Relationships with parents were described as having a strong influence on the ability to develop and successfully deal with personal difficulties:

> I didn't have healthy relationships with my parents so I think that that's kind of what threw me off kilter in a way…because I had to raise myself and figure things out and all that sort of stuff. (Anna)

For all participants, relationships with parents involved regular conflict, high levels of tension and unpredictability. Frequent fights and arguments with parents were described as overshadowing home life during the teen years. For seven of the participants, the adolescent years involved verbal or physical abuse from one or both parents:

> There was fights constantly, every single day there was fighting going on and like physical fighting and yelling and screaming. And it was like me and my sister, we just like lived at home under this constant fear that my mom was going to get mad and hit us. Like that's how it was, just constant fear. (Christine)

> I think it started when I was really, really young. Like my parents used to beat me up, for lack of better terms. There's no better way to say it really. Sometimes they'd be abusive and we'd fight all the time and it got worse…so I think it started then when I got insulted and degraded and you know I told my mom I hated her when I was eight and on and on and on. (Anna)

> Basically those years of my life I spent being told that, "You're worthless." "You'll never amount to anything." And it was just like, "What's the point then?" There was verbal abuse, there was physical abuse. (Linda)

Conflict and abuse contributed to the participants feeling rejected and unwanted by their parents. They often expressed feeling unworthy, unimportant, and unloved and did not feel as though their parents cared about them. Also, feelings of fear, anger, and hate towards parents were common. Participants described hating their parents from an early age and living in constant fear of their parents and the abuse inflicted upon them. These feelings at home made relationships even more difficult as participants were often conflicted by unpleasant feelings towards parents and the perceived obligation to love them. Feelings of anger were also commonly expressed in relation to parents:

> My mom and I have always had an active relationship. She and I get on really well, but when we don't it's very, there's a lot of anger towards her and I think there was at that point in time. I think my relationship with her is the root of a lot of issues. (Susan)

Overall, participants described the perception of a lack of support from their parents. Relationships with parents did not provide comfort; instead participants felt their parents were acting against them and there was no available parental support. Lack of support was often attributed to increasing suicidal feelings as participants felt detached from relationships with their parents that could have been helpful:

> I think that was another main thing that made me slip into the darkness if you want to call it that. Just the fact that I saw my mom was so against me. (Melissa)

> Nobody would help me. I couldn't find a way to deal with it. I couldn't talk to any of my relatives about it. I didn't have any sort of support that could help me deal with it. (Jackie)

> I think that I didn't get the right support; I think that maybe it wasn't dealt with appropriately. I think if I would have had the right support system or network it might have been dealt with in a different way. (Sarah)

Participants described parenting strategies that were unhelpful as they moved into adolescence. Parents were often strict, controlling and over-protective of their teens. Participants reported having greater restrictions on their activity in comparison to their peers which was attributed to increased difficulties with the struggle for identity and desire for increased independence and freedom. Strict and controlling parenting was experienced as parents being cold and rejecting. Parents often failed to recognize their teen's maturity and appeared to actively hinder their development of independence:

> My dad would yell at me and call names, "You're only sixteen and you shouldn't be out doing this and that." And, you know, trying to be a teenager which I've never been really. I only started dating in my second year of university, it was either, "Do I want to take part in the teenage things and have somebody yell at me and say these horrible things all the time, or did I just want to avoid them?" So I did. I avoided them. I went to the school dances and joined things but pretty much every weekend I was home. I didn't go to a party all through high school. (Paula)

> They were really strict, like they locked up the cereal cupboard They never accepted me for like how old I was. They always treated me younger. (Brooke)

> My mother has always been very strict with me in every way, always wanted me to spend all my time studying. Don't have any relationships whatsoever with any boys because that's bad and they'll get carried away. (Monica)

Many teens reported having a lack of responsibility growing up and being continually treated as children. Parents failed to recognize their adolescent's level of maturity. These individuals felt that in later life, they were unequipped to handle difficulties because they were never allowed the freedom to experience. As a result, they reported limited coping skills and lacked the ability to gain the

support of others. When forced to deal with difficult situations and emotions, they lacked the capacity to successfully do so and instead became overwhelmed by their difficulties:

> My parents wanted us to be kids for a long time. They thought kids were, "We don't want you to have any responsibilities. Do whatever you want. When you're 18 though you're going to become an adult." So it was sort of boom you're an adult. But I don't think I was dealing with a lot of things that were, and I don't think I did anything wrong necessarily until I was like 17 or 18, until things out of my control started happening. (Susan)

> We're not taught by our parents how to take care of ourselves to the point that some people get to university and don't even know how to do laundry. We need to be taught to take care of ourselves, taught how to be kind to ourselves, and if you can be kind to yourself, you can see the good in it. (Sarah)

For several participants, the nature of specific family difficulties led to taking on an adult role at a young age. These individuals were not prepared to play the role of a friend or caretaker to their parents. They felt inappropriately burdened with their parents' difficulties which built resentment towards them. Many teens felt uncomfortable with this relationship and further strain developed:

> I would say that basically what happened was my mom relied heavily on me for all kinds of support. For like as a friend, she would expect me to stay home on Friday nights because she had no where to go and she didn't want to be home alone. She would cry and make me feel very, very guilty if I were to go out. So she really relied on me as a friend and she would confide in me about things about the marriage and my dad that really upset me and I didn't want to hear it. I didn't think it was my place to be dealing with those issues anyways. (Christine)

> My mom used to, like when we'd have parties at our house and she'd definitely drink too much and she'd make a complete fool out of herself. And there are definitely times when I'd have to play the parent and like get her ready for bed and undress her and look after her in the morning when she'd had too much to drink. (Eliza)

For many, growing up involved experiences of high parental pressure and expectations to achieve academically in school. These high expectations often hindered the parent-child relationship as the child entered adolescence. Participants expressed strong desires to please their parents and make them proud, but expressed feelings of personal failure as they found they were never good enough, smart enough or able to do this:

> You've got the honor roll student, you're in music and I was in drama, and I was in this and I was in that, but it was always like what could you have done to get that 85? What could you have done better to get that 90? Those sorts of things. (Susan)

> My mom's always kind of been the person who say, I'll tell her, "Oh, I got an eight in this class and I really expected to fail," and she goes "Oh, maybe next time you'll get an nine." Like that kind of thing. Always a lot of really, really high expectations. (Melissa)

Often, these teens felt they needed to fulfill parental expectations and conditions to derive personal self-worth. Teens felt rejected by their parents and incapable of living up to their impossible expectations. In addition, excessive parental criticism created the perception that participants could never be good enough to please their parents no matter now hard they tried:

> She [mother] is very critical about everything. So if I had a problem with myself, chances are she'd already pointed it out. So I would never go to her to talk about it. (Susan)

Highly critical and demanding parents were associated with feelings of low worth, failure and frustration. Difficulties in communication with parents also emerged. Participants expressed feeling as though they were a disappointment to their parents and when they became overwhelmed by these feelings rebellion and resentment were common:

> I was just a constant disappointment. Like I was just never good enough. And, I don't know. I wonder now, when I look back on it and think, if the reason why I stopped going to school and stuff was just to piss her [mother] off. (Melissa)

> I think I failed a test or something. Anyway, my father found out and he was drunk and just started screaming at me, telling me that I'm not trying hard enough, and not worth it, and I don't know, you know. So I just went and I don't know how many pills there were. (Paula)

Participants often expressed feelings of alienation from the family. Often these feelings appeared to emerge from early experiences at home of conflict, lack of emotional connection and difficult communication. For example, several participants reported that their feelings were ignored or not taken seriously by their parents. They expressed the perception that they were different from other family members and they believed parents preferred their siblings to them. As well, lack of parental understanding was important in building feelings of alienation and disconnection from others. Participants described feeling that there was no one to turn to in times of distress:

> I just didn't feel safe at home. I didn't want to go home and I just didn't feel that I had a place to go. (Christine)

Unhealthy Environment

Difficult relationships with parents, high levels of conflict, anger, stress and instability were part of what participants described as an unhealthy home environment. Abusive and unsupportive relationships with parents created a strained atmosphere which caused anxiety and tension for some participants:

> Just like, you know a violent atmosphere, like you were always on edge and you were always like, "Ok, when's the next fight coming? What are we going to fight about now? What is it, how's she [mother] going to ruin my day now." Sort of thing. (Jackie)

For several of the participants, home life was unpredictable as they described having a parent who was an alcoholic or who had a history of mood disorders. Parental problems left them emotionally and physically unavailable for

their child. They also further strained relationships in the family and created feelings of resentment:

> My father drank a lot. His father drank, his mother drank, I just really, really resented him for drinking so much all the time, and never being there for the family things and those kinds of things. (Melissa)

Lack of trust and limited privacy were also common in the home. Parents frequently violated their teen's privacy by going through their rooms, reading their diaries, or listening in on conversations. Participants expressed a lack of trust in their parents and described their parents as having little trust in them:

> They [parents] made the point of going into my personal stuff and searching for answers, maybe trying to figure out why I was so mess up and why I was like this or like that and that just made things worse. It made me become more aggressive and more defensive and more angry and then I just really felt that she [mother] just didn't understand and maybe that she didn't care. (Monica)

> If they [parents] thought that something was happening they'd go through my room and I'd come home and my room would be like turned upside down. That used to really piss me off because my room is sort of my sanctuary. My room was my sanctuary so they had betrayed my trust as well. (Eliza)

Participants expressed high levels of stress living in their home environment and reported feelings of anger towards parents. They also reported that difficult relationships and an unhealthy environment at home were significant factors in their suicidality and obstructions to their overcoming those feelings. As teens, they felt trapped in an environment that prohibited emotional healing. They were not able to leave their family homes because of their age and felt incapable of changing an unhealthy home life:

> I had to move out of my mom's place because the situation there was just terrible. Like for my mental health I had to get out and I'm sure that's why living with her, why I could not get off paxil,

> because it was just such a terrible situation. There was no hope for me to get healthy living there at all. (Christine)

> I was trying to you know meet new people or find ways out of this but the fact remained that I was still at home with the same problems. I would go home to the things that were making me miserable. And there's no real way out of it so I kept trying to better it, but it just didn't work. (Paula)

Difficulty Communicating

The inability of the parent and child to communicate on a personal level about important issues or concerns was also consistent across participants. All spoke of a lack of communication with parents and difficulty with personal disclosure and emotional expression. Participants reported feeling unable to talk to one or both parents about what was going on for them, despite an often strong desire to do so:

> I never had the type of relationship were I could sit down with my mother or with my father and talk to them about anything, about some boy that I like or about school or about how I'm truly feeling and it bothered me. (Monica)

> I can't just talk to them [parents]. Like that's all I ever wanted was just to sit down and talk, but my mother, whoosh, every thing gets blown up. My dad just sits back and can't really do much. (Jackie)

> My mom and I didn't talk for just about anything hardly ever. We have never conversed about or had a good heart to heart talk ever. (Anna)

> My father, I didn't really start talking to him until I was about seventeen. We just never talked about anything really. I can't even think of one like major conversation we ever had. (Melissa)

Although several participants described having some level of communication with one of their parents, they were selective about what they would disclose about themselves. Often, selective communication rose from high

parental expectations and the desire to please their parents and avoid disappointing them:

> So I wouldn't talk about it and I wouldn't say anything about it even if I was totally upset or really excited about it because I didn't want to make my mom think anything bad of me or to disappoint her or anything like that. So in that sense I did not do things just to make her happy or proud of me or if she's proud of me she's happy and things like that. (Monica)

Many described a lack of emotional expression in the family culture. As participants moved into adolescence, early messages about not expressing emotions led to increased difficulty in communication and emotional expression with their parents. Participants reported growing up in a family environment where important feelings and personal issues were ignored or not spoken. They described not feeling allowed to express negative emotions in the home and instead restricting their emotions and pretending to be happy. The lack of communication and emotional expression between teens and their parents were often interpreted as an indicator that they were unimportant or that their parents did not care:

> You just didn't do it in my family. Like it was the way my father was raised, that you just don't talk about the serious, private issues. And it just kind of how my family was, it was kind of like an unspoken rule. (Melissa)

> I wasn't used to sharing my feelings but I'd never really had feelings, because I wasn't really allowed. I was told how to feel my entire life. Until about four or five years ago, I was told how to feel. So it was really strange and scary for me because I didn't know like, "Ok, what is this? What's going on?" I couldn't cry was the other frustrating part that would get me even more flustered. (Jackie)

> I think the only fight I ever really had with my parents was the first time I ever showed any sort of rebellion. My mother was very strict, if she was yelling at you, you had to shut up and you had to smile ten minutes later. So I lost the ability to cry because that wasn't allowed too. (Brooke)

> With my mother, the communication was just, anything to do with me being sick wasn't talked about at all. We could talk about pretty much anything else, but me being sick was completely taboo in my family. We just didn't talk about it at all. (Sarah)

As teens struggled with powerful feelings of suicide, a history of difficult communication with their parents impacted their ability to directly reach out for help. Despite a strong desire to let their parents know how they were feeling, participants lacked the capacity to do so. Relationships with parents lacked the closeness, intimacy and trust necessary for more open communication. Parents were often viewed as an unavailable resource to teens due to having a cold and rejecting attitude, being away from home, refusing to admit to family difficulties, and having limited communication skills. Participants perceived their situation as hopeless and they felt there was little parents could do to help them.

Several participants reported reaching out to their parents for help but their efforts were dismissed or ignored by their parents:

> I was like having a fight with my mom and I was walking out the door and I said, "Well why don't I just kill myself and then you'll never have to deal with me again." And she yelled at me, "Don't be so stupid. I don't ever want to hear that again." And I kind of figured that that was her point of view on it. It was stupid. (Eliza)

> I remember I was about fourteen, fifteen maybe, I told my mom that I cut. She was vacuuming in my sister's room, and I walked in and I sat her down and I told her that I was a cutter and she just kind of stared at my dumbly, and just started vacuuming again, and that was it. Like she never said anything or anything like that and then I just never mentioned it again. (Melissa)

Others wished their parents would see what was going on and initiate help without needing to be told specifically. These teens often resorted to indirect communication to express themselves to their parents such as cutting behavior or vague suicide threats. When parents did notice or provide help, further resentment built up:

> In the beginning it [cutting] was really, really superficial, and it was really, I mean, it was doing it to be noticed, basically, so somebody would notice that I was depressed and suicidal and stuff. (Brooke)

> When my mother didn't realize that I was suicidal, it was just like the end of the world to me. I totally resented her for that. (Monica)

Several participants reported that their suicide attempt was a "cry for help." For these individuals, a deep wish to communicate their distress to parents, their inability to communicate directly and the failure of other means of indirect communication left them with no other alternative. The suicide attempt was used as the last resort in eliciting help.

Lack of Emotional Connection

Participants consistently reported feeling a lack of emotional connection with their parents. Teens felt disconnected and expressed little emotional bonding, intimacy and closeness. As outlined in the previous section, often these feelings appeared to emerge following a lifetime of limited emotional expression and affection from parents. Growing up, these individuals learned not to talk about their emotions and that their parents did not want to hear about how their children were feeling. Parents who were emotionally unavailable to their teens left them feeling unloved and rejected. Despite these feelings, participants expressed a desire for closer connection and understanding with parents, although this appeared to be an unattainable goal:

> The whole family is just unbalanced and screwed up, and they don't know how to love people. They don't show affection. One of the first times I remember my dad being a dad was when I came down in grade twelve before my prom. And I had my hair done and make-up on, and all dressed up, and um, he looked at me and started crying and gave me this huge hug, and goes, "You look like a princess." And I lost it, because, that's what dad's are supposed to do. (Paula)

> My father…he wrote me a letter once, as part of my therapy stuff, it basically apologized for the strain he's had on our family, and it was probably the only time I ever heard him say he loved me, was in this letter. We never talked about it afterwards or anything. (Anna)

Participants also reported feeling that their parents did not understand them or take them seriously. Parent-child relationships lacked the emotional intimacy to allow mutual trust and understanding. Often, participants stopped talking to parents and kept their thoughts and feelings to themselves as a result of the perception that they would not be believed or taken seriously:

> My mother never understood my depressions. So right away I felt completely isolated from her. My mother also has this kind of intensity when she thinks that you're wrong or talking about something she's not comfortable with, to tell you you're full of shit. Yes. Absolutely, in those words. So essentially I had heard from the time I was about thirteen to the time until about 2001 how full of shit I was. (Sarah)

Also common to all participants was the unavailability of one or both parents. In particular, nine participants described their fathers as being physically and/or emotionally absent from the home. Despite living together in the home, it was as though they had non-existent relationships with their fathers. Participants expressed feelings of resentment, anger and rejection over their lack of emotional connection with absent parents:

> He [father] is a workaholic so he spends like a lot of time at work, me and my mom call it his first marriage and we're like his second family. Especially when I was a kid because he used to make promises then that he'd like come and watch me because I used to do track and field or cross country that he'd come and watch. And sometimes he did but usually he didn't because something came up at work. That would leave me feeling like I wasn't worth coming to watch or that it just didn't matter enough to him. (Eliza)

> I've never had one [a father]. My dad worked nights until I was fifteen, which is when he started days. And that's when I started

> seeing him drunk all the time. And the first time I saw him drunk was when I was eight. That'll never leave my mind. (Paula)

> My dad worked from May to September contracting out of town so basically he wasn't around for all of the summers. And when he was there for the winter he would just be drinking every night. (Melissa)

Summary

Overall, participants reported difficult relationships with parents, involving conflict, abuse, difficult communication and a lack of emotional connection. Home environments were tense and stressful creating an atmosphere of anger, distrust, and instability. Participants felt unsupported by their parents, and attempts at soliciting help for suicidal feelings were frequently dismissed. Poor attachment relationships with parents led to feelings of low self-worth, rejection, and resentment as participants felt unloved and uncared for. As a result of relational difficulties and the feelings that emerged, suicide became a viable option for these individuals.

Adolescent Peer Attachment

For each participant, peer relationships played a significant role during their teen years. Difficulties in the home were paralleled with difficulties they were experiencing socially. Participants described having a limited circle of friends and relationships with peers were associated with themes of difficult relationships, unhealthy peer environment, desire for belonging and lack of communication and emotional connection.

Difficult Relationships

Difficult relationships with peers were common. Many participants described having trouble associating with others and making and keeping

friends. Several reported having no friends at all and were common victims of schoolyard bullying:

> With my given personality then I was really introverted. So I mean I was often considered sort of like the doormat. I usually had like a new best friend every year, one friend, then I'd get ditched, then someone else would let me latch on sort of thing. (Jackie)

As some participants began dating during adolescence, difficulties in relationships with boyfriends were also reported. Many participants spoke of trying to win the love and attention of their boyfriends by seeking to please them and attempting to change to be what their boyfriends wanted. These individuals desperately wanted to make their relationships work in order to develop emotional bonds in intimate relationships they lacked elsewhere. However, intimate relationships were often physically and verbally abusive, unsupportive and a source of personal distress:

> He [boyfriend] started treating me very badly and it wasn't physical at first it was just psychological, like calling me not names not swear words but just saying things that really put me down. Um eventually at one point in time he started to sexually treat me badly also. (Monica)

> It [relationship with boyfriend] was very emotionally and mentally draining. It was very verbally abusive and he basically made me feel like I wasn't good enough, I wasn't pretty enough, I wasn't thin enough. And after awhile I couldn't take care of him and myself at the same time anymore. (Sarah)

Feeling alienated from the peer group was also frequently expressed. Overall, they described feeling as though they were different from those around them, had little in common with others and had difficulty relating with peers. Participants felt that no one could understand them and their experience:

> I looked around and everyone was smiling and laughing and going home with their parents and siblings that didn't pound the crap out them and as far as I knew anyways, I mean they were different. They had no clue. I think that was a big part of why I didn't have

> any friends was because I couldn't relate to anybody. They were running around smiling and laughing, and here I am feeling like my world was just crushing me, you can't even sit and have a conversation with somebody who's at opposite ends of the spectrum. (Linda)

> I was just lonely and I didn't feel that I really fit in with any of my classmates. I came from a very small school; it was 250 from Kindergarten to Grade 8. So everyone knew everyone and I didn't think I fit in. (Eliza)

> So that whole period was basically feeling trapped and everything was black and lonely and that I'm just in a world where I don't belong. Everybody's the same except for me and I don't deserve to be this, I don't deserve to do these things. I don't deserve to have these things and I'm not having any fun. (Monica)

Participants expressed a strong desire to find a group with whom they could fit in, to be with people whom they felt they would connect with and to talk to people who could relate to their experiences:

> When you're depressed you feel so alone. I mean, even if it's not a healthy relationship, at least it's a relationship where you don't have to hide it. (Melissa)

These individuals had a strong desire to be accepted for who they were, although at the same time they had difficulty expressing themselves to others. While finding a group with whom they felt they belonged as well as the hope of being understood was important, participants had difficulty developing these relationships.

Unhealthy Environment

As participants reported difficulties in relationships with peers and a growing sense of alienation, many began developing bonds with friends within a deviant peer group. Deviant peer groups contributed to what participants called an unhealthy peer group environment. These were peers with whom they

reported skipping school, breaking the law, partying, smoking and abusing drugs or alcohol:

> I mean they were all smoking, drinking, doing drugs, getting into trouble, skipping school. That was the only place that I found that I fit in. I guess they were all probably similar to me in that they had a lot of negative history and so we all kind of got along in that basis and, I wouldn't really call them friends. It was just, I didn't really have any friends. (Linda)

> We didn't talk. We smoked up and drank and did a lot of disreputable things, and I think to the extent that the group of us all, who were all sort of angry and rebelling against the world were our big connecting point. (Susan)

Within their peer group, eight participants reported involvement with alcohol and six recalled drug use. These peer members also supported common means of escape through the use of drugs and alcohol to cope with negative feelings and distress.

In addition, most of the participants reported having friends who were also experiencing feelings of depression or other personal difficulties. They described these friends as being as sick as they were and found common ground in similar experiences. Often, participants reported trying to help friends who were depressed and suicidal yet not being able to rely on others to provide support. Instead they were further overwhelmed by pressure to help those in their peer group. Relationships described by participants were unhealthy and often had a negative influence on them. They spoke of becoming increasingly depressed around these peers and being easily persuaded into deviant activities.

> At that time I was helping people who were suicidal, at thirteen. I don't know why, I just decided that was what I needed to do and then I eventually got suicidal. I think it just brought out a lot of the negative things in my life. It made me think a lot about them constantly so I could never really feel good because I was constantly on the Internet, talking with all these depressed people who wanted to kill themselves, and it just kind of snowballed from that. (Melissa)

> Some of them [peers] were good, but some of them were just, we shouldn't hang around each other. And even my teachers had said that to my parents. They said, "You know, she shouldn't be with these people. She just feeds off them." (Brooke)

> I just basically started losing interest and then I started meeting the wrong people and they were people I thought I connected with and that's why I would hang out with them. But they influenced me in a really bad way because I've always been the type of person that I let people influence me and I can be talked into doing many things. It's not because of peer pressure, but because if I thought that it would make them feel better and if it would benefit them and have some positive effect on them in any way then I'd do it even if it was bad for me. (Monica)

Participants wanted peers who they felt they could relate to, who were experiencing similar difficulties, and with whom they felt they could belong. Those who found this relied on deviant peer groups that were not described as close friendships, but rather people with whom they would hang out with, have a good time, and try to forget their problems for the moment. During the time that individuals were becoming suicidal, the peer group played an important role, not in providing support but in leading to further distress.

Difficulty Communicating

Similar communication difficulties to those with parents were also described as occurring with peers. Participants reported feeling unable to talk to their friends about their feelings and not letting their friends know their real selves. They described keeping their true feelings hidden and expressed difficulty with self-disclosure and emotional expression. Often, difficulties with communication were rooted in communicative behavior learned at home. Thus, the patterns of communication experienced at home reoccurred with peers:

> I wasn't used to sharing my feelings but I'd never really had feelings because I wasn't really allowed. I was told how to feel my entire

> life. Until about four, yeah four or five years ago, I was told how to feel. So it was really strange and scary for me. (Jackie)

Overwhelmingly, participants spoke of feelings as though their peers could not relate to what they were experiencing. They felt no one could understand them and that they were alone in their feelings of despair. They also feared rejection and worried about how they would be perceived by peers if they opened up to them about personal difficulties:

> Yeah like all my, like I've had a lot of good friends and we never got into talking about this so they never understood and I wanted to tell them but I was like you know like, what are they going to think about me? (Brooke)

> I didn't talk to my friends about it. I just didn't think they could understand. And even when I tried to commit suicide, only one of my friends knew about it and that was it. I don't even know if my other family knew about it because I didn't want to talk about it to anyone. I just really didn't think anybody could even understand. (Eliza)

> I really didn't talk to my friends about the divorce or about being depressed or anything because I just felt like they could not relate because they all had families who were still intact… So I just felt like I could not talk to them about this. They could not relate to it so I guess I just really internalized all my problems. I really didn't share them with my friends. (Christine)

Lack of Emotional Connection

Participants also described a lack of emotional connection with their friends. They spoke of having difficulty with intimacy with peers and feeling disconnected from those they interacted with. In particular, they did not reveal to their friends how they were feeling. The friends they had they were not close to, instead they were referred to as acquaintances or people who they hung out with. Peer relationships did not serve to provide closeness, connection or understanding:

> The friends I had at that point were my friends basically because we did drugs together. I didn't really have friends that were close enough to talk to about personal things. I was a very private person. It was very important for me to sort of guard my stuff because I felt it was so out of place like because I didn't understand the depression. I didn't understand what was happening because I thought it was incredibly strange to talk to somebody else about it. It was just out of line because any time I displayed any signs of it in my home it was wrote off or I was told I was being foolish and so because it wasn't taken seriously at home the idea of trying to talk to somebody else about it was not happening. I wasn't letting anybody in. (Sarah)

> I'd hang out or we'd have fun. We'd you know joke around and you know listen to good music and whatever but I wasn't close to the people who I hung out with. (Anna)

> I generally thought I was like useless, worthless, people kept me around for advice or in Grade 10 the money I might have given them for weed. That they weren't too concerned with my thoughts or my feelings. (Eliza)

Summary

Overall, relationships that participants reported with their peers were difficult and unhealthy. With strong feelings of alienation from those around them yet a desire for belonging and understanding, many sought friendships within deviant peer groups. These relationships led to further distress and were described as negative influences as participants turned to drugs and alcohol in a harmful peer environment. The friendships that participants had were also characterized by poor communication, a lack of emotional connection and were lacking in support and comfort.

Perceptions of Self

Participants expressed commonality in the feelings and personal beliefs that they experienced while becoming suicidal. Themes associated with emotional experiences, difficulty with self expression, the desire for connection

and withdrawal were expressed by all. These feelings appeared to have developed in interaction with peers and family as a result of feeling disconnected, unloved and rejected from those around them.

Difficulty Expressing Self

Participants reported strong emotional reactions during the time they were suicidal and described limited skills at dealing with negative emotions. Feelings of anger and hate towards themselves and those around them were common. Anger was often experienced as masking underlying feelings of fear, sadness, insecurity, hopelessness and helplessness. Many were frustrated at their inability to deal with feelings of despair and depression. Participants were fearful of continued rejection and a future with no hope of relief from emotional pain. A sense of hopelessness was exacerbated by their perceived lack of control over their emotions. They were insecure in their ability to cope and to create supportive connections. Increasingly they felt overwhelmed by their emotions and the events in their lives which seemed beyond their power to change.

All participants described difficulty with self-disclosure and self-expression. They spoke of keeping themselves and their true feelings hidden from those around them. Participants appeared to lack both the ability to express themselves and the trust that others would listen and provide support:

> No one knew anything about me up until I was about fifteen. My family didn't know me. My friends didn't know me. So I kept a lot of things in, you never could have telled until I slit my wrists and that's when you could tell. So, they just left me alone. (Jackie)

> I was a very private person. It was very important for me to sort of guard my stuff because I thought it was incredibly strange to talk to somebody else about it. It was just out of line because any time I displayed any signs of it in my home it was wrote off or I was told I was being foolish and so because it wasn't taken seriously at home the idea of trying to talk to somebody else about it was not happening. I wasn't letting anybody in. (Sarah)

> I was more blocked off to showing people who I was. I could never sit down and talk to someone and look them in the eye up until like a couple of years ago you know. I was always outspoken mostly but withdrawn, like a huge set of walls around everything more or less. I think it was a feeling that I had inside of me that I had. A feeling blocking me from being able to converse or make appropriate connections with people. (Anna)

Difficulties with self-expression often appeared to emerge from difficult relationships with parents, who were unavailable or perceived to be unwilling to be supportive. As a result, participants had difficulty talking to their friends about what they were experiencing. Often, feelings of shame were associated with becoming suicidal and participants were embarrassed by their personal difficulties.

Participants also described having difficulty dealing with and expressing their emotions. Intense negative emotions were kept hidden inside or expressed inappropriately:

> I was so angry at everything. Like, I think that was the only way I knew how to express anything. Like even if I was upset about something, or sad about something, it just came out as me being defensive and angry. (Linda)

> I was skeptical of other people. I wasn't sure why they would talk to me. I wasn't really sure what people wanted from me. Like when they would come to me and ask me something or want something from me. I wasn't sure what they wanted. I was much like a ticking time bomb really. I could at any moment like cry, scream, just, I was known for kicking walkers. I am not so much now but then like I'd have like explosive like anger. Well not explosive but it would come out at strange times. Um, it was lonely. Um, scary because you don't trust anyone else but you don't trust yourself either. It's isolating. (Eliza)

As a result of having difficulty with their emotions, participants also reported inappropriate or harmful ways of expressing and/or suppressing their emotions such as cutting and self-harming behaviors, defiance, rebellion, fighting, living chaotic lifestyles, or using drugs or alcohol.

Desire for Connection

Participants spoke of a need for a sense of personal connection with others. They hoped to feel cared for and loved by others but had difficulty connecting and bonding with family and friends. They described feelings of emptiness, meaninglessness, and worthlessness. Without a meaningful personal connection with another person, participants saw suicide as an available option for dealing with their distress:

> I mean if you walk through life without connecting with anyone, you know, could you imagine? It's like, I did it for so long, I mean you're completely and totally alone. Or you see people, you can talk to them, but there's nothing there. It's like you're floating in this void, and it's like, I mean it's like the most emptiest feeling. (Linda)

Each participant felt profoundly isolated and alone in the world, separated from meaningful friendships and family interaction. Participants spoke of having limited relationships and feelings interpersonally isolated throughout their lifetimes:

> I can remember each school I went to and the spot that I had where I'd go and people would just leave me alone because it was you know, I'd pick the farthest spot on the farthest part of the playground, and I'd just sit by myself for lunches and recess, and… I mean nobody ever hung out with me or anything. (Christine)

> When you're in that state of depression it seems like you alienate everyone and that you're alienated. You don't know what to do. It just seems like everyone's in a circle around you and you're just sitting in the middle. (Jackie)

Participants described feeling lonely and rejected by family and friends. The loss of a relationship that was important was also common and these individuals lacked the ability to develop new supportive networks. Limited

relationships came to be internalized and interpreted as a measure of self worth and value:

> They didn't care or they didn't want to make things better for me. They didn't want to help. They just wanted to rag on me. I know better now, but at the time, that's how every thing seemed, right? And if nobody cared well, why bother trying to connect with anyone? So, I mean in my mind I was alone. There was nobody. (Linda)

> I was very much alone and I knew it. I mean there was no doubt in my mind, you know. Nobody gave a crap about me and, and that was, that was a factor too, I mean nobody else cared emotionally. (Paula)

Participants reported feeling alone and abandoned. Loneliness was marked by a sense of going through life alone, missing out on something or not having another person to share and experience with. Isolation was experienced both emotionally and socially through lack of connection to others and limited experiences of care, love and intimacy.

Withdrawal

Many individuals increasingly withdrew as they become suicidal; if they had previously, they no longer felt understood, supported or cared for. Relationships served no purpose other than to reinforce negative perceptions of self. Gradually participants reported keeping more to themselves, not "hanging out" with others, and preferring to spend time alone. Participants expressed a decline in initiative to socialize and be with other people:

> I think I made it to a point where I intentionally distanced myself from people. I don't think I knew what I was doing at the time, but I know now; I pushed everyone away. As soon as somebody started getting close, I'd do something to piss them off. (Anna)

> I pretty much withdrew a lot. And then friends at school wouldn't talk to me, because you know, I was the depressed one, and nobody wanted, and it just spiralled down hill. (Paula)

> When I'd go home I'd go right to bed. I just didn't have any use for anything else. I stopped hanging out with a lot of my friends. (Melissa)

> You isolate; you detach yourself from everyone. So at no point did I ever really feel attached to anyone. (Jackie)

> I began definitely withdrawing from friends. Just not wanting to spend time with them because I just didn't, well again didn't think I fit in. I thought that they were just being my friend because it was a small school and sort of the parents were, it was a very snobby school so the parents like if you weren't friends with this person they'd sort of like force you to. I thought they were just being like told to be my friend by their parents. So I just kind of thought of reasons not to be around them, so I withdrew from them. (Eliza)

Many participants also expressed the need for greater support from those around them. While many felt unable to turn to friends of family for support and assistance in emotional struggles, they also withdrew from support of others when they were in need of it.

Summary

Participants had common emotional experiences that arose from their interpersonal relationships. Intense negative emotions of anger, hate, shame and fear were internalized or poorly expressed as they experienced difficulty expressing themselves and handling their emotions. Also described were feelings of isolation and loneliness despite a strong desire for connection. As participants were dealing with feelings of suicide, they increasingly withdrew from those around them, feeling unloved, uncared for and completely alone.

Chapter Five

Discussion

Research Findings

All participants reported feeling unable to develop close relationships with their parents and peers. They described difficulty expressing and dealing with their emotions. Participants also felt isolated and disconnected from forming meaningful relationships. Without connections with others, they felt alone in the world and life seemed meaningless. As a result, they felt rejected, unworthy, unloved and uncared for by those around them. With no one to turn to for support, limited coping skills and lack of attachment relationships, suicide became a viable option for participants. They saw suicide as a source of escape from the difficult situations at home and a release from their emotional pain.

In the interviews, all participants reflected upon their relationships with their parents during adolescence and specifically throughout the time period leading up to their experiences with suicidal behavior. Relationships were described as difficult and a source of distress as they involved frequent conflict, abuse, and feelings of fear, anger, resentment and rebellion. For some, high parental criticism and expectations lead to perceived parental disappointment. For others, parents were viewed as mistrusting and over protective of their teen, denying them opportunities for responsibility, hindering their independence and failing to recognize their level of maturity. Parents were seemingly unsupportive despite direct and indirect attempts at soliciting their help. An unhealthy home environment which was high in conflict, stress, tension and instability was attributed to difficult relationships with parents. Parents were often described as having difficulty with mood disorders or alcoholism. Additionally, communication with parents was difficult and lacking in personal disclosure and emotional expression. Participants experienced a lack of emotional connection with their

parents which included limited interaction and a lack of closeness and understanding.

Relationships with peers were also described as playing an important role in suicidality. Difficulties in relationship with parents were paralleled in all participants' interpersonal relationships. They had few close friendships and reported feelings of alienation from the peer group. Overwhelmingly, they felt as though they were different from those around them, that they could not fit in, that there was no one who they could relate to, and that no one could understand them and their suicidal feelings. In a search for belonging, many participants turned to deviant peers groups who shared common ground and personal emotional difficulties. These were peers with whom participants skipped school, partied and used drugs and alcohol, and who often had a negative influence on the individual. Participants reported not feeling close to their peers and not being able to communicate with them on a personal or emotional level. Participants lacked supportive relationships with peers and felt alone in coping with their distress and suicidal feelings.

Integration with Existing Literature

The Suicidal Process

Suicide is increasingly being conceptualized as a process in which an underlying biological or psychological vulnerability is gradually influenced by stressors. In this way, individuals progress towards suicide over time while in interaction with their surroundings. The suicidal process approach allows for increased understanding of the phenomenological characteristics of suicidality (van Herrigen, 2001). By interviewing those who had experienced suicidal ideation, self-destructive behavior, one suicide attempt or multiple attempts, experiences at various stages of the process were accessed. For participants, it was clear that becoming suicidal was a gradual progression exacerbated by interpersonal difficulties, poor coping mechanisms, and perceived lack of

support. When resources were exhausted, feelings of alienation and disconnection became overwhelming.

Adolescent Parental Attachment

According to attachment theorists, secure attachment relationships characterized by close associations with parents, mutual caring, reciprocal connection, and highly supportive emotionally significant relationships, facilitate resilience to later stress, social competence, cooperation and stability in relationships (Bowlby, 1969, 1973). Adam (1994) proposed that when securely attached adolescents experience distress, they are able to acknowledge their feelings and turn to supportive and trusted relationships for comfort. With this assurance, these individuals explore the world confidently and effectively. In contrast, adolescents who are unable to achieve secure attachment relationships with parents have a lower tolerance for stress and are vulnerable to difficulties with self worth, affect regulation, and interpersonal relationships. These individuals are uncomfortable with intimacy and interdependence and have concerns about feeling rejected and unloved. A distrust in the availability of others leads to distant interpersonal relationships and feelings of anger and loneliness. Unable to view themselves as competent and self-reliant, and unable to turn to others for comfort, they become increasingly vulnerable to an elevated risk of suicidal behaviors.

Although adolescents become decreasingly dependent on parents, attachment relationships with parents are continually relied upon as important sources of comfort and support during times of distress (Allen & Land, 1999). In contrast, parental relationships for participants were characterized by a lack of emotional connection, limited intimacy and closeness. While parents can be an important resource for guidance and connection, participants experiences left them removed from healthy parent-adolescent interaction and parents were not turned to in times of distress. During adolescence, when participants needed a secure base or safe relationship with their parents to provide them the security to

explore their identities, establish connections with peers and develop as autonomous individuals, home life and relationships with parents were difficult, unsupportive and a source of distress. De Jong (1992) found that adolescents with a history of suicidality had low security of attachment to parents and described growing up without an emotionally available parent. Limited emotional connection, family cohesion, attachment and support among family members has also been determined to increase risk for suicide among adolescents (Adam et al., 1994; Rubenstein et al., 1998). These studies are consistent with those of the current study. As participants felt trapped in bad situations at home, suicide was one possible means of escape that was considered.

Increased autonomy and decreased reliance on parents is a key developmental task of adolescence during which the attachment system plays an important role. Autonomy has been found to develop as a result of close and enduring relationships with parents. Autonomy-seeking behavior is highly correlated with positive parent-teen relationships (Allen et al., 1994). For participants, a combination of lack of responsibility growing up, difficult relationships with parents and/or controlling and overprotective parenting strategies hindered attempts at becoming autonomous. When parents failed to recognize their teen's maturity and continued to treat them as children, participants had difficulty discovering their identity and gaining their own independence. Consistent with participant's reports, parental criticism (Allison et al., 1995) parental restrictiveness (Pillay, 1987) and neglectful and overprotective parenting (Silove et al.,1987) have been related to adolescent suicidality. In addition, de Man et al. (1993) determined adolescent suicidal ideation to be related to a parental-child regime characterized by high control and limited support.

Adolescents develop self worth in conjunction with unconditional love and support from their parents. The internalized experience of love acts as a protective factor against suicidal ideation and behavior during adolescence by enabling teens to cope with stressful thoughts and feelings that might otherwise threaten their sense of competency and self-worth (Orbach, 1988). Conditional

patterns of love and support undermine an individuals developing self-esteem and obstruct the development of their sense of self. Those whose parents offer love and support only when high and unreasonable standards are met, predispose their teens to intense feelings of depression and hopelessness. Participants frequently reported parenting which involved conditional love, high parental expectations and pressure to achieve. Orbach (1988) suggested that adolescents' failure to satisfy parents and meet expectations leave them feeling frustrated, worthless, helpless and hopeless. The teen may internalize a self-image of failure. Similar feelings were reported by participants. Strong desires to please parents but the perception of being unable to do so left them feeling low self worth, burdened and frustrated.

Consistent with participant reports, families of suicidal teens have been reported to have higher levels of unresolved conflict in comparison to families of nonsuicidal teens (Adam et al., 1982a). Participants reported physical and verbal abuse by parents during their adolescent years. Levels of abuse have been found to be higher for suicidal teens than in comparison to those who are nonsuicidal. Henry and his associates (1993) suggested that adolescents exposed to physical abuse internalize the abuse and become more likely to use violence against themselves as a solution to their problems. They also suggested that those who are abused by parents experience emotional disengagement leading to feelings of meaninglessness, powerlessness, estrangement and isolation. Participants with a history of physical abuse by parents reported similar feelings.

Studies have found that suicidal adolescents frequently report having problematic families and describe dysfunctional relationships with parents (Adam et al., 1994). Kaplan (1980) theorized that adolescents who experience negative interpersonal interactions with family members develop feelings of self-blame and rejecting attitudes about themselves, in this way becoming increasingly at risk for suicide. For participants, difficult and unsupportive relationships with parents were interpreted as rejection and a reflection of personal inadequacy. Researchers have suggested that adolescents who become suicidal often have

parents who send strong messages of rejection to their children, which contribute to their belief that they are a burden and have no right to live (Orbach, 1986). According to Goldney (1985) individuals perceive themselves as less worthy of care and self esteem and place a lower value on their own lives following experiences of deficient parental care and support. They are thus more likely to consider suicide as an option. Consistent with participants' reports, lack of parental support fostered the development of self-rejecting attitudes through the communication of rejection and unworthiness to the adolescent (Rollins & Thomas, 1979).

Participants consistently described difficulty with parent-child communication and reluctance for self-disclosure and emotional expression. Several studies have found communication difficulties in families of suicidal adolescents (Gould et al., 1996). Richman (1986) suggested that families of suicidal individuals likely have poor family communication skills, and tend to avoid direct verbal communication, have high levels of secretiveness, communicate nonverbally, ignore one another, and deny expressed suicidal intentions. As a result of deficits in communication, suicidal adolescents feel alone in dealing with their emotional difficulties and with the burden of unsolvable family problems (Orbach, 1986). Family members are also discouraged from expressing their emotions to one another, and consequently have difficulty coping with change and dealing with problems, which often leads to high levels of family stress and crises (Pfeffer, 1981). These hypotheses appear to be supported by the results of this study.

According to Gerdes and Mallinckrodt (1994), conflicted attachment relationships with parents during adolescence can have a negative impact on coping behaviors including personal and social adjustment. Participants described problems coping with their difficulties because of perceived deficient parental care and lack of attachment. As a result of feeling overwhelmed and unsupported and unable to deal with their emotions, many turned to suicide as a means of escape. Wagner (1997) suggests that suicidal behavior may be a coping mechanism that provides escape from painful arousal when the

adolescent sees no alternative means of achieving relief. Suicidal ideation in most adolescents signals a loss of hope in being supported and understood by significant others (Mahler et al., 1975).

Consistent with the attachment literature (Adam, 1994), participants described having difficult relationships with parents and spoke of their home environment as stressful, unstable and unhealthy for them. Difficult relationships with parents involved conflict, physical and verbal abuse, parental criticism, and feelings of resentment, anger and fear. Participants did not experience trusting and supportive relationships and were unable to meet their needs for attachment security. They described not feeling attached to others and being disconnected and alone in the world. Frequently participants described low self worth, depression and anger. Poor relationships with parents were associated with feeling rejected, unwanted, unloved and isolated from social and emotional connections. Participants' reports were consistent with the literature in both the areas of attachment and adolescent suicidality supporting a link between the two. Overall, accumulated research findings suggest that poor attachment relationships during adolescence may be important factors influencing the risk of suicide and psychopathology, maladaptive coping patterns and poor interpersonal functioning.

Adolescent Peer Attachment

Adolescence is a period during which attachment needs are gradually transferred from parents to peers. According to attachment theorists, the quality of the parent-adolescent relationship affects feelings and expectations about others (Holmes, 1993). As teens enter into new relationships, their history of interpersonal experiences, unique set of memories, beliefs and expectations guide how they interact with others and how they construe their social world. In this way, prior connections to parents pattern individual's ability to form successful and supportive peer relationships (Bowlby, 1977). Adolescents with a history of difficult family interactions and family stress are less likely to develop

appropriate interaction skills and are therefore more likely to mirror negative family interaction in their relationships with peers. As a result of difficulty with social interaction, these teens are more likely to be alienated by peers and viewed as outcasts and therefore are at greater risk of suicidal ideation (Kandel et al., 1991). Positive parent-adolescent relationships have been associated with greater interpersonal intimacy and competence (Gold & Yanof, 1985; Hauser et al., 1995); lack of close friendship increases feelings of loneliness and unworthiness (Allen, 1987).

For each participant, peer relationships played a significant role during their teen years and difficulties in the home were paralleled in difficulties they were experiencing socially. Although several participants described having few if any friends, many had peers with whom they interacted. However, relationships with peers were associated with themes of dysfunctional behavior, lack of communication and emotional connection, feelings of alienation and a search for belonging. Consistent with the literature, participants often reported the perception that their interpersonal difficulties were rooted in relationships with parents (Allen & Land, 1999).

According to participants, difficulties with communication and emotional expression with peers originated in behaviors learned at home. Messages these teens received from their parents about not expressing and communicating emotions created further difficulty in communication and relationship with their peers. Buhrmester (1990) found several types of interpersonal competencies to be important in adolescent peer relationships: appropriate self-disclosure, ability to initiate conversation, honesty in expressing opinions and skill in providing emotional support to friends. Participants expressed problems with intimacy with peers and self-disclosure. Instead of developing close and supportive friendships, participants struggled with expressing who they were and kept themselves hidden from those around them.

Increased peer interaction during adolescence provides support, companionship, feedback, a sense of belonging as well as the opportunity to develop a personal sense of self (Blos, 1967). These factors are critical in the

healthy development of social competence and are important in building self and identity (Erikson, 1968). Although participants described having friends, they were not close to those they interacted with. It has been suggested that the number of close friends is not as important as the feeling of closeness, attachment and belonging to a friend (Perkins & Hartless, 2002). Hansell (1985) also found that the strongest predictor of distress among teens was a lack of intimacy and support among their closest peer group. Consistent with these studies, participants derived little support and understanding from their friendships. Unfulfilling relationships with peers increased their sense of isolation from their peer group which may otherwise have served as an importance source of support in times of distress (Allen, 1987).

Feelings of belonging to a social group have been found to be protective factors against suicide during adolescence (Rubenstein et al, 1989). In seeking acceptance and belonging, participants often reported associating with others within a deviant peers group. Although the group provided some interpersonal connections, participants were often negatively influenced by those around them. According to Marcus (1996), friendships with deviant peers are often of lower quality that non-deviant peers. These friendships lack closeness and support and include more negative characteristics such as conflict and coercive interaction. Friendships with deviant peers may not provide adequate intimacy to protect against loneliness and alienation (Brendgen, Vitaro & Bukowski, 2000). Overall, participants described friendships within deviant peer groups as being unhealthy for them and of negative influence. They also reported strong feelings of rejection and alienation from other peers. Despite a strong desire for belonging, participants reported feeling different from those around them and having difficulty relating to others.

The findings of this study support the importance of close friendship in preventing suicide. Grosz et al. (1995) suggested that talking about personal difficulties with friends may lessen the impact of a problem and that social support protects youth against suicide by acting as a moderator between life stresses and suicide. Shagle and Barber (1995) and Allen (1987) found that peer

rejection or the absence of friends was associated with suicidal ideation in youth and that a lack of friendship increased adolescents' feelings of loneliness and unworthiness contributing to the isolation from a peer group that might otherwise serve as a source of support. As adolescents feel increasingly unwanted and alone, they become at greater risk for considering suicide (White, 1989). These feelings and their perceived inability to develop healthy supportive friendships were reported by participants in this study to play an important role in their suicidality.

Adolescent Perceptions of Self

The quality of attachment relationships is believed to influence an individual's feelings and expectations about the self (Holmes, 1993). Participants expressed common self-perceptions and beliefs which they felt were important in becoming suicidal. These included difficulty with self-disclosure and emotions, a strong desire for connection with others, the experience of isolation, and the withdrawal from interpersonal interaction.

Difficulties in attachment have been associated with poor emotion-regulation among adolescents. According to Cassidy and Kobak (1987), insecurely attached individuals may either exaggerate negative emotions as a means of soliciting responses from attachment figures or they may suppress negative emotions. Consistent with the literature, participants reported difficulty handing their emotions and expressing themselves to others. Through interactions with parents, these individuals learned that negative emotions were to be avoided and buried. They reported either keeping their emotions hidden or experiencing explosive anger and hate. Participants lacked the skills to cope with what they were feelings and often turned to destructive ways of expressing emotions. Often they blamed themselves for their inability to deal with their emotions and the personal distress they were experiencing as a result.

Jourard and Lasakow (1958) have suggested that self-disclosure, or the ability to share intimate feelings with others, is an essential part of an individual's

well-being and mental health. As participants described growing up in environments that hindered the development of appropriate communication and personal expression, difficulties with loneliness, distress, self-disclosure and emotional expression were common (Solano, Batten, & Parsih, 1982; Jones, Freeman & Goswick, 1981). As well, participants felt shame and embarrassment by their suicidal feelings and personal difficulties. Consistent with participant's reports, the inability to share feelings and thoughts with others may lead to loneliness and increase social isolation, which in some circumstances may lead to increased risk of suicidality (Maris, 1992). In a study examining adolescents perceptions of their suicide attempts, social isolation was reported as the main reason for problems leading up to the attempt being perceived as worse (de Wilde, 1992). Insecure attachment to parents has also been related to emotional detachment and isolation during adolescence (Ryan & Lynch, 1989).

According to White (1989), as adolescents are unable to obtain love, understanding and support from their parents, they turn to rebellion, anger, defiance and deviant behavior, followed by increasing depression, alienation, and withdrawal from social relationships. Unable to rely on family or peer support, loneliness, isolation and alienation intensify feelings of emptiness, despair and worthlessness that have been developing as a result of poor parental relationships and a history of family conflict. As these feelings intensify, adolescents are increasingly likely to attempt suicide. Those interviewed experienced similar feelings as they became increasingly suicidal. Interpersonal difficulties were internalized as personal inadequacy and low self worth. Participants lacked the ability to express their desire for help and connection. They felt increasingly alone and unsupported. Without interpersonal connections they felt that life had little meaning and that they were of no use in the world. As they lost hope for change or understanding, adolescents came to the conclusion that suicide was an increasingly appealing option. Despite a strong desire to belong and be accepted, participants felt no one could understand them and that they were alone in the world. As they had difficulty feeling connected to others,

participants increasingly withdrew and isolated themselves from those around them. They increasingly felt that no one understood, supported or cared for them.

The Theory

The purpose of this study was to explore adolescent perceptions of the role of attachment in becoming suicidal. As participants in this study reflected on their experience of becoming suicidal, issues surrounding attachment relationships with parents and peers were unanimously portrayed as building the groundwork for relational difficulties, self perceptions and inadequacies. These experiences were described as important contributing factors in becoming suicidal during the teen years.

Limited emotional connection and attachment to parents during adolescence left participants feeling unsupported, unloved and uncared for. Early experiences of poor communication and emotional expression in the family contributed to difficulties with intimacy and self-expression. In turning to find love, belonging and acceptance elsewhere, participants lacked the skills to develop intimate friendships. They felt alienated and different from those around them and turned to unhealthy friendships within deviant peer groups. Despite a strong desire for deep interpersonal connection, participants were unable to develop secure attachments. Strong feelings of anger, fear, rejection, failure, low self worth, helplessness and hopelessness were experienced in an environment of conflict, stress, abuse and tension. Participants felt increasingly isolated and alone. They withdrew from those around them and were unable to find support, comfort and relief from emotional pain. With no alternative means of escape, suicide was used both to communicate distress and to cope with overwhelming negative emotions.

Limitations of the Study

The purpose of this study was to increase our understanding of adolescent suicide through a qualitative exploration of adolescent's perceptions of the role of attachment relationships in their becoming suicidal. In order to access the experience of becoming suicidal, retrospective interviews were used. The accuracy of retrospective accounts has been a concern to researchers. The length of time between the interview and the participant's experiences may have impacted the accuracy of the events, as well as the participant's ability to recall thoughts, feelings and beliefs without distortion. Retrospective research into family and interpersonal environment is also liable to selective recollection and no objective verification was used to confirm the participants' descriptions of the nature of their relationships.

Due to the voluntary nature of participation, the study sample was limited in its size, composition and representativeness. As a result, experiences of other individuals may or may not be different. The intent of this research was not to generalize to those who did not participate in this study, but to illuminate our understanding of the experiences of those who did participate.

Implications for Treatment of Suicidal Adolescents

The results of this study can be extended to those working with suicidal adolescents. Using the attachment framework, therapists can focus treatment strategies on revising the adolescent's attachment model. All participants spoke of the importance of connection and the desire to feel closer to others. The therapeutic relationship can be used to create that connection and to provide the groundwork for more open communication with others. In establishing a secure and positive therapeutic relationship, therapists provide the adolescent with an avenue to dispel the beliefs that they are inadequate and unworthy. A meaningful connection can also open the opportunity to explore options to solve problems and deal with emotions.

In building the therapeutic relationship with a suicidal adolescent, the core factors of genuiness, empathy and respect can be used to provide teens with conditions they do not experience in their everyday interactions with parents and friends. Empathic listening and positive regard allows for feelings of validation and support. Allowing the teen the opportunity to be understood and heard through feelings of personal acceptance is also important. A secure base in the therapeutic relationship can initiate the development of further meaningful relationships outside of the therapeutic alliance.

In addition to the therapeutic relationship, working with family members can also provide the opportunity of improving family attachments wherein the adolescent can experience secure and close relationships with a family member. If adolescents are able to develop trusting and supportive relationships with caregivers and more open communication, interactions with peers may also improve.

While many adolescents may begin counselling during a suicidal crisis, focusing on issues underlying suicidality and moving beyond the suicidal crisis is necessary for successful intervention. Participants described serious longstanding family and interpersonal difficulties which impacted the development of their suicidal behavior. Long-term intervention would likely be required to address client's life experiences in depth. The therapist's involvement in establishing long term goals to resolve fundamental emotional and interpersonal difficulties may be necessary. Participants described deficits in coping strategies and problem solving skills which would also need to be addressed in therapy. As well, strategies for improving social skills and facilitating interpersonal interaction and increased social support would likely be beneficial. Encouraging teens to become more involved and less withdrawn and isolated may therefore be helpful and small successes are likely to lead to increased feelings of self-worth and value.

Implications for Future Research

This investigation provides numerous opportunities for further research. The participants who were interviewed were all successful in overcoming their suicidality. Although not addressed in this study, interpersonal relationships were often important in that recovery. Future research into the role of attachment in overcoming suicide would provide useful information to parents, teachers and counsellors working with suicidal youth.

Also important would be an investigation of early childhood attachments and possible correlates with adolescent suicidality. Knowing more about attachment throughout the developmental milestones of childhood and adolescence would be of value. The role of childhood and adolescent attachment in other areas of psychological, social and cognitive functioning could also be explored.

As this study was limited by lack of male participants, another qualitative investigation of male's perceptions of attachment relationships could be conducted. Due to the higher rate of completed suicide among males, understanding suicidal behavior from the male perspective would provide useful information for prevention and intervention. Similarities and differences between the male and female experience could also be studied.

Conclusions

Parental attachment plays a strong role in healthy development throughout adolescence and provides the foundation for supportive peer relationships. Adolescents who were interviewed recalled continual difficulties in relationships with parents. These relationships involved conflict, abuse, criticism, high expectations, and lack of trust; home environments were characterized as tense, stressful and unhealthy. Lack of emotional connection, communication, support, and understanding were interpreted as lack of caring which translated into the perception of the self as inferior and valueless. As a result of difficulties

at home, participants were unable to establish supportive relationships with peers, and as an alternative many formed associations within a deviant peer group. Participants had a strong desire to feel connected, cared for, valued, heard and validated, and to have a place of belonging. Instead they felt anger, rejection, alienation, loneliness and withdrawal. With these feelings, lack of support and inability to cope, many saw suicide as a way to escape their feelings and their difficulties. Without emotional connections with others, they saw no purpose in living.

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Appendix A

TEEN SUICIDE RESEARCH PROJECT

PURPOSE OF THE STUDY

Department of Educational Psychology
6-102 Education North
University of Alberta
Phone: (780) 492-1163 or (780) 492-5298
Principal Researchers: Dr. Robin Everall and Dr. Barbara Paulson

The purpose of this study is to gather information about teenagers' understanding of becoming and overcoming their suicidal thoughts, feelings, and behaviors. It is hoped that this information will increase our knowledge of what is helpful to teenagers. This information will be useful in counselling teenagers who are experiencing suicidal thoughts, feelings, and behaviors.

You will be asked to discuss the experience of being suicidal and how you overcame it in an interview. This is a voluntary project and therefore you have the right to decline participation or withdraw your participation at any time, without penalty. Your name and identify will not be given out to anyone. The interview should take approximately 60 to 90 minutes and can be completed at a time that is convenient to you. The confidentiality and anonymity of all participants will be protected through the use of pseudonyms (false names) and alteration of any identifying information. If you experience discomfort as a result of discussing this topic, a list of counselling referrals will be made available to you.

Appendix B

TEEN SUICIDE RESEARCH PROJECT

PURPOSE OF THE STUDY for PARENTS

Department of Educational Psychology
6-102 Education North
University of Alberta
Phone: (780) 492-1163 or (780) 492-5298
Principal Researchers: Dr. Robin Everall and Dr. Barbara Paulson

The purpose of this study is to gather information about teenagers' understanding of becoming and overcoming their suicidal thoughts, feelings, and behaviors. It is hoped that this information will increase our knowledge of what is helpful for teenagers. This information will also be useful in counselling teenagers who are experiencing suicidal thoughts, feelings, and behaviors.

In an interview, participants will be asked to discuss the experience of being suicidal and how they overcame these thoughts, feelings, and behaviors. This is a voluntary project. As the parent providing consent, you have the right to withdraw your son/daughter from participation at any time, without penalty. Your son/daughter also has the right to decline participation at any time, without penalty. The name and identity of your child will not be given out to anyone. The interview should take approximately 60 to 90 minutes and can be completed at a time that is convenient to you and your child. The confidentiality and anonymity of all participants will be protected through the use of pseudonyms and alteration of any identifying information. If your son or daughter experiences discomfort as a result of discussing this topic, a list of counselling referrals will be made available to you.

Appendix C

TEEN SUICIDE RESEARCH PROJECT
INFORMED CONSENT
(PARTICIPANT)

Department of Educational Psychology
6-102 Education North
University of Alberta
Phone: (780) 492-1163 or (780) 492-5298
Principal Researchers: Dr. Robin Everall and Dr. Barbara Paulson

The purpose of this study is to gather information about teenagers' understanding of becoming and overcoming their suicidal thoughts, feelings, and behaviors. It is hoped that this information will increase our knowledge of what is helpful to teenagers. This information will be useful in helping teenagers who are experiencing suicidal thoughts, feelings, and behaviors.

In an interview, you will be asked to discuss the experience of being suicidal and how you overcame these thoughts, feelings, and behaviors. This is a voluntary project. You have the right to withdraw your participation at any time, without penalty. Confidentiality and anonymity of all participants will be protected through the use of pseudonyms and alteration of any identifying information.

I have an understanding of:

i) the purpose and nature of the project,
ii) the expected benefits,
iii) the tasks involved,
iv) the inconveniences and risks,
v) the identity of those involved in the project,
vi) who will receive the information,
vii) how the information will be used,
viii) the right to give or withhold consent for participation,
ix) the right to withdraw at any time during the process,
x) how confidentiality will be maintained.

I give my informed consent to participate in the project.

_____ _____
Date Name of Participant

_____
Signature of Participant

_____
Signature of Interviewer

Appendix D

TEEN SUICIDE RESEARCH PROJECT
INFORMED CONSENT
(PARENT or GUARDIAN)

Department of Educational Psychology
6-102 Education North
University of Alberta
Phone: (780) 492-1163 or (780) 492-5298
Principal Researchers: Dr. Robin Everall and Dr. Barbara Paulson

The purpose of this study is to gather information about teenagers' understanding of becoming and overcoming their suicidal thoughts, feelings, and behaviors. It is hoped that this information will increase our knowledge of what is helpful to teenagers. This information will be useful in helping teenagers who are experiencing suicidal thoughts, feelings, and behaviors.

In an interview, your son/daughter will be asked to discuss their experience of having had suicidal thoughts, feelings and behaviors and how these were overcome. This is a voluntary project. I understand that I have the right to withdraw my son/daughter from participation at any time, without penalty. I also understand that my son/daughter has the right to withdraw from participation at any time, without penalty. The confidentiality and anonymity of all participants will be protected through the use of pseudonyms and alteration of any identifying information.

I have an understanding of:

i) the purpose and nature of the project,
ii) the expected benefits,
iii) the tasks involved,
iv) the inconveniences and risks,
v) the identity of those involved in the project,
vi) who will receive the information,
vii) how the information will be used,
viii) the right to give or withhold consent for participation,
ix) the right to withdraw at any time during the process,
x) how confidentiality will be maintained.

I give my informed consent for my son/daughter to participate in the project.

_____ _____
Date Name of Participant

_____
Signature of Parent

_____
Signature of Interviewer

Appendix E

TEEN SUICIDE RESEARCH PROJECT
ASSENT TO PARTICIPATE IN RESEARCH STUDY

Department of Educational Psychology
6-102 Education North
University of Alberta
Phone: (780) 492-1163 or (780) 492-5298
Principal Researchers: Dr. Robin Everall and Dr. Barbara Paulson

I agree to talk about my experience in overcoming past suicidal thoughts, feelings, and behaviors. I understand that the purpose of this study is to gather information on teenagers understanding of becoming and overcoming suicidal thoughts, feelings, and behaviors. I understand that I am being asked to discuss what was helpful in overcoming the experience. I understand that I have the right to withdraw from participation at any time, or to stop the interview without penalty. I understand that my name will be changed so that no one will be able to identify me.

I have an understanding of:

i) the purpose and nature of the project,
ii) the expected benefits,
iii) the tasks involved,
iv) the inconveniences and risks,
v) the identity of those involved in the project,
vi) who will receive the information,
vii) how the information will be used,
viii) the right to give or withhold consent for participation,
ix) the right to withdraw at any time during the process,
x) how confidentiality will be maintained.

I give my assent to participate in the project.

_____ _____
Date Name of Participant

_____
Signature of Participant

_____
Signature of Interviewer

Appendix F

Demographic Information

Today's Date_____
Name _____
Pseudonym _____

Ethnicity: Asian Black Caucasian East Indian
First Nations Mixed Ethnicity Other

Relationship Status: Single Married/Common-law Divorced/Separated Other

Present Living Situation:
a. I live with both of my parents
b. I live with my mom/dad (circle one)
c. I live in a foster home
d. I live on my own
e. Other _____

Total Household Income
a. less than $10 000
b. $10 000 to $20 000
c. $20 000 to $30 0000
d. $30 000 to $40 000
e. $40 000 to $50 000
f. $50 000 or more

Highest Level of Education
a. 8 years of schooling or less
b. junior high school graduate
c. partial high school training
d. high school diploma/GED
e. certificate in a trade/technology
f. partial college/university
g. college/university degree
h. graduate/professional education

If you are in school now, what grade or year are you in? _____

Employment Status (if 18+): Unemployed Employed F/T Employed P/T
Self-Employed

If we need to contact you in the future, what number can we call? _____

Appendix G

General Interview Guide

- Can you tell me about your experience of being suicidal?
- What was going on in your life at that time?
- Did you know why you felt suicidal?
- What was your relationship like with your family/peers at the time you were becoming suicidal?
- At the time you were becoming suicidal, is there anyone who you felt particularly attached to?
- How did you overcome being suicidal?
- Is there anything that you have learned about yourself through your experience of being suicidal and overcoming it?
- What contributed to the change in your feelings about yourself?
- Did counselling contribute to a change in your feelings about yourself?
- What was helpful about counselling when overcoming feelings of being suicidal?
- Was there anything that you found difficult about counselling or something that you didn't like?
- How has counselling changed your feelings about your family, friends?
- What would you have changed about your counselling experience?
- If you had a friend in trouble, what would you suggest they do to get help?

Appendix H

PARENTAL ATTACHMENT

I. Difficult Relationships 11
- Poor Relationships 11
- Conflict 11
- Lack of Support 11
- Resentment 10
- Alienation 9
- Anger Towards Parent 8
- Excessive Control 8
- Abuse 7
- Independence Hindered 7
- Parental Criticism 7
- Over Protected 6
- High Expectations 6
- Rebellion 6
- Attention-Seeking Behavior 5
- Fear of Parent 5
- Parental Disappointment 5
- Lack of Trust 5
- Role-Reversal 5
- Lack of Responsibility 4

II. Unhealthy Environment 11
- Unhealthy home 11
- Conflict 11
- Tension 11
- Anger 11
- High Stress 11
- Abusive Environment 7
- Alcoholism 5
- Instability 5
- Mood Disorder 5
- Lack of Privacy 4
- Marital Discord 4

III. Difficulty Communicating 11
- Lack of Communication 11
- Difficulty with Personal Disclosure 11
- Lack Emotional Expression 11
- Cry for Help 6

IV. Lacking Emotional Connection 11
- Lack of Connection 11
- Lack of Closeness 11
- Limited Interaction 10
- Lack of Understanding 10
- Feeling Ignored 4

PEER ATTACHMENT

I. Difficult Relationships 11
- Alienation from Peers 11
- No One Could Relate 11
- Feeling Different 11
- Not Understood 11
- Conflict with Peers 4
- Abusive Relationship 4
- Difficulty Belonging 4
- Dependency on Friends 3

II. Unhealthy Environment 9
- Mood Disorder 9
- Deviant Peer Group 9
- Alcohol Use 8
- Negative Influence 7
- Drug Use 6

III. Search for Belonging 11
- Desire for Belonging 10
- Desire for Relationships 9
- Attempts at Bonding 9
- Seeking Peer Acceptance 9

IV. Difficulty Communicating 11
- Lack of Communication 11
- Poor Communication 11
- Difficulty with Personal Disclosure 11
- Lack of Emotional Expression 11

V. Lacking Emotional Connection 11
- Lack of Connection 11
- Lack of Closeness 11
- Lack of Understanding 11

SELF-PERCEPTIONS

I. Difficulty Expressing Self 11
- Difficulty with Self Expression 11
- Lack of Emotional Expression 11
- Limited Self-Disclosure 11
- Hiding Self 11
- Shame 10
- Difficulty with Emotions 8
- Difficulty Communicating 6

II. Desire for Connection 11
- Difficulty Connecting 10
- Desire for Connection with Peers 10
- Interpersonally Isolated 10
- Limited Social Interactions 10
- Limited Interactions 9
- Socially Isolated 8
- Desire for Connection with Parents 6
- Loss of Relationships 5
- Aloneness 6
- Loneliness 5

III. Withdrawal 11
- Withdrawal from Parents 11
- Withdrawal from Peers 8
- Feeling Withdrawn 8

Note: Enumeration indicates number of participants endorsing each category

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